Community Health Needs Assessment

2016 FINAL SUMMARY REPORT

GBMC

SUBMITTED BY

HOLLERAN
COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in April 2016, Greater Baltimore Medical Center undertook a comprehensive community health needs assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Baltimore County in Maryland. The aim of the assessment is to reinforce Greater Baltimore Medical Center's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of health indicators including chronic health conditions, access to health care and social determinants of health. Greater Baltimore Medical Center contracted with Holleran Consulting, a research firm based in Lancaster, Pennsylvania, to execute this project.

The completion of the CHNA enabled Greater Baltimore Medical Center to take an in-depth look at its community. The findings from the assessment were utilized by Greater Baltimore Medical Center to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Greater Baltimore Medical Center is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components

- Secondary Data Research
- Key Informant Surveys

Key Community Health Issues

Greater Baltimore Medical Center, in conjunction with community partners, examined the findings of the Secondary Data and Key Informant Surveys to select Key Community Health Issues. The following issues were identified (presented in alphabetical order):

- Access to Care/Uninsured
- Diabetes
- Mental Health/Substance Abuse
- Overweight/Obesity

Prioritized Community Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Greater Baltimore Medical Center plans to focus community health improvement efforts on the following health priorities over the next three-year cycle:

- Obesity
- Mental Health/Substance Abuse

Previous CHNA and Prioritized Health Issues

Greater Baltimore Medical Center conducted a comprehensive CHNA in 2013 to evaluate the health needs of individuals living in the hospital service area within Greater Baltimore. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment

helped Greater Baltimore Medical Center to identify health issues and develop a community health implementation plan to improve the health of the surrounding community. The prioritized health issues include:

- Overweight/Obesity with Focus on Prevention of Chronic Diseases (Diabetes and Heart Disease)
- Access to Care

Major outcomes from the priority areas included:

- An increase in the percentage of patients meeting BMI screening and follow-up measures as defined by CMS since January 2015.
  - January 2015 - 45.30%
  - February 2016 - 72.39%
  - May 2016 - 78.17%
- An increase in the percentage of patients not meeting BMI standards having a follow up plan documented during their encounter as defined by CMS since January 2015.
  - January 2015 - 11.03%
  - February 2016 - 38.72%
  - May 2016 - 44.86%
- Since 2013, there was an increase in the number of low income seniors who received at home care from a GBMC Nurse Practitioner.
  - 2013 - 1,500
  - 2014 - 1,650
  - 2015 - 1,720
- An increase in the percentage of high risk individuals who are scheduled for an appointment with a PCP before discharge since January 2015.
  - January 2015 - 53.15%
  - August 2015 - 69.28%
  - April 2016 - 87.50%
- Since 2013, there was an increase in the number of referrals given to low income seniors with limited access to care.
  - 2013 - 80
  - 2014 - 104
  - 2015 - 120

A full list of outcomes can be found in Appendix D.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Greater Baltimore Medical Center (GBMC) is a 255-bed acute and sub-acute care hospital located in Towson, Maryland. GBMC handles more than 26,700 inpatient cases and approximately 60,000 emergency room visits annually. The mission of GBMC is to provide medical care and service of the highest quality to each patient leading to health, healing, and hope. Since its founding in 1965, GBMC's accomplishments have validated the vision of its founders to combine the best of community and university-level medicine. Additionally, GBMC's Community Needs Advisory Committee strives to improve the health of the local community by focusing on outreach, education, and clinical services as well as building partnerships with local organizations, businesses, and individuals to promote good health and disease prevention.

GBMC employs approximately 3,500 people in clinical and non-clinical areas including nearly 1,300 physicians and over 1,100 nurses. More than 200 of its physicians are employed through Greater Baltimore Medical Associates (GBMA), a group of physician practices owned by GBMC. GBMA features a diverse collection of practices in a number of different specialties including Internal Medicine, Pediatrics, OB/GYN, General and Specialty Surgery and Oncology. In addition to Greater Baltimore Medical Associates, GBMC also owns and operates Gilchrist Hospice Care, the largest not-for-profit hospice organization in the state of Maryland.

Community Overview

Greater Baltimore Medical Center defined its current service area based on an analysis of the geographic area where individuals utilizing its services reside. GBMC's service area is summarized below:

Greater Baltimore Medical Center (GBMC) Service Area	
Towns	ZIP Code
Cockeysville	21030
Lutherville, Timonium	21093
Pikesville, Towson	21204
Pikesville	21208
Towson	21286
Owings Mills	21117
Dundalk	21222
Parkville	21234
Nottingham	21236

Methodology

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

- A Statistical Secondary Data Profile uses existing data from local and national sources depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for the GBMC service area, or Baltimore County, were compiled and compared to state and national level data, where applicable.

- Key Informant Surveys were conducted with a total of 19 key informants in May 2016. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders.

Research Partner

Greater Baltimore Medical Center contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected and interpreted data from secondary data sources
- Collected, analyzed and interpreted data from key informant interviews; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Greater Baltimore Medical Center sought community input through key informant interviews with community leaders and partners and inclusion of community leaders in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. Data based on self-reports should be interpreted with caution. In particular, respondents may be prone to recall bias where they may attempt to answer accurately, but remember incorrectly.

In addition, timeline and other restrictions may have impacted the ability to survey all community stakeholders. Greater Baltimore Medical Center sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Greater Baltimore Medical Center has prioritized the following community health issues:

- Obesity
- Mental Health/Substance Abuse

GBMC is in the process of developing an implementation strategy to address prioritized community needs. The goal of this implementation strategy is to put a plan in place that will allow GBMC to contribute to the community's most urgent needs through quantifiable results.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The following sections present the results of the analysis of secondary data and the key informant survey.

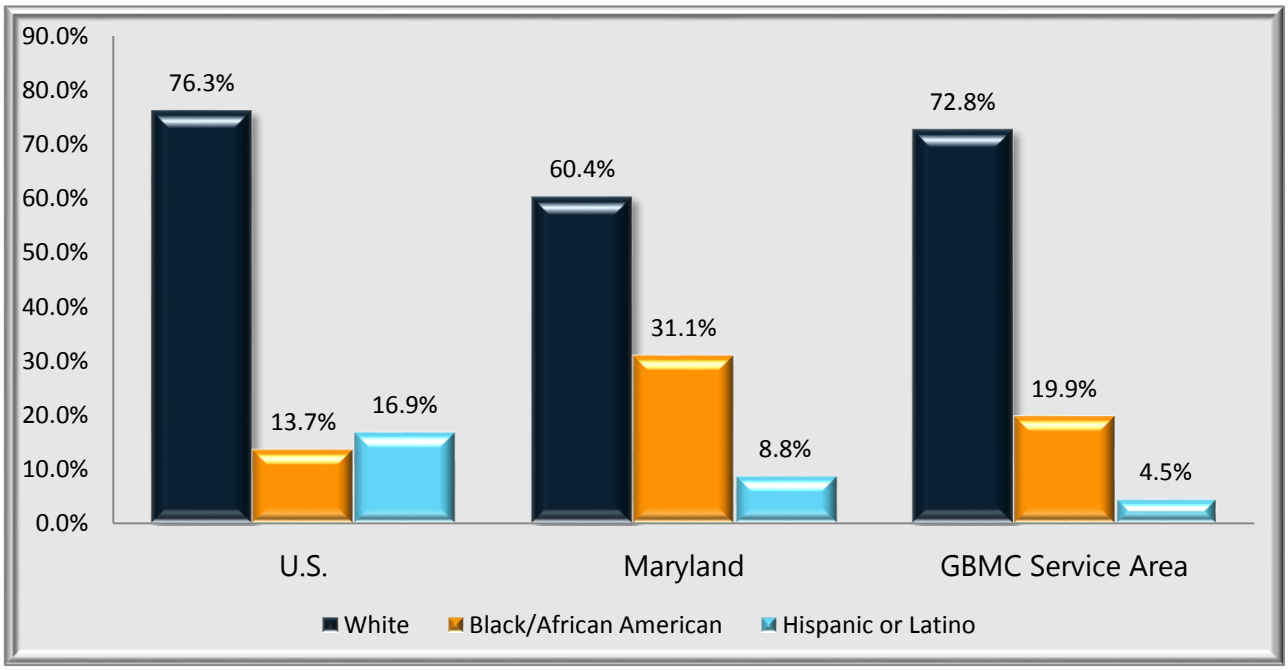
I. Socio-Demographic Statistics Overview

Between 2010 and 2014, the population of the GBMC service area experienced slightly slower growth (1.7%) when compared to Maryland (2.0%) but is the same as the nation (1.7%).

As evidenced by the median age, the GBMC service area has a similar age makeup compared to the state of Maryland but is slightly older than the nation. Consequently, the GBMC service area does have a larger proportion of residents aged 75 years and older (8.1%) than the state (5.7%) and the nation (6.2%).

The GBMC service area has a much larger White population (72.8%) when compared to Maryland (60.4%) but is slightly less than the nation (76.3%). They also have a much smaller proportion of Black/African American residents (19.9%) than the state (31.1%). The Hispanic/Latino population living in the GBMC service area is also notably smaller than Maryland and the nation. The racial breakdown provides a foundation for primary language statistics. The percentage of people who speak a language other than English at home is much lower in the GBMC service area (14.4%) when compared to the state (22.2%) and the nation (20.9%). Residents in the GBMC service area who speak a language other than English at home are most likely to speak other Indo-European languages. This is similar to the state, but much different than the nation where they are most likely to speak Spanish.

Figure 1. Racial breakdown of the three major races

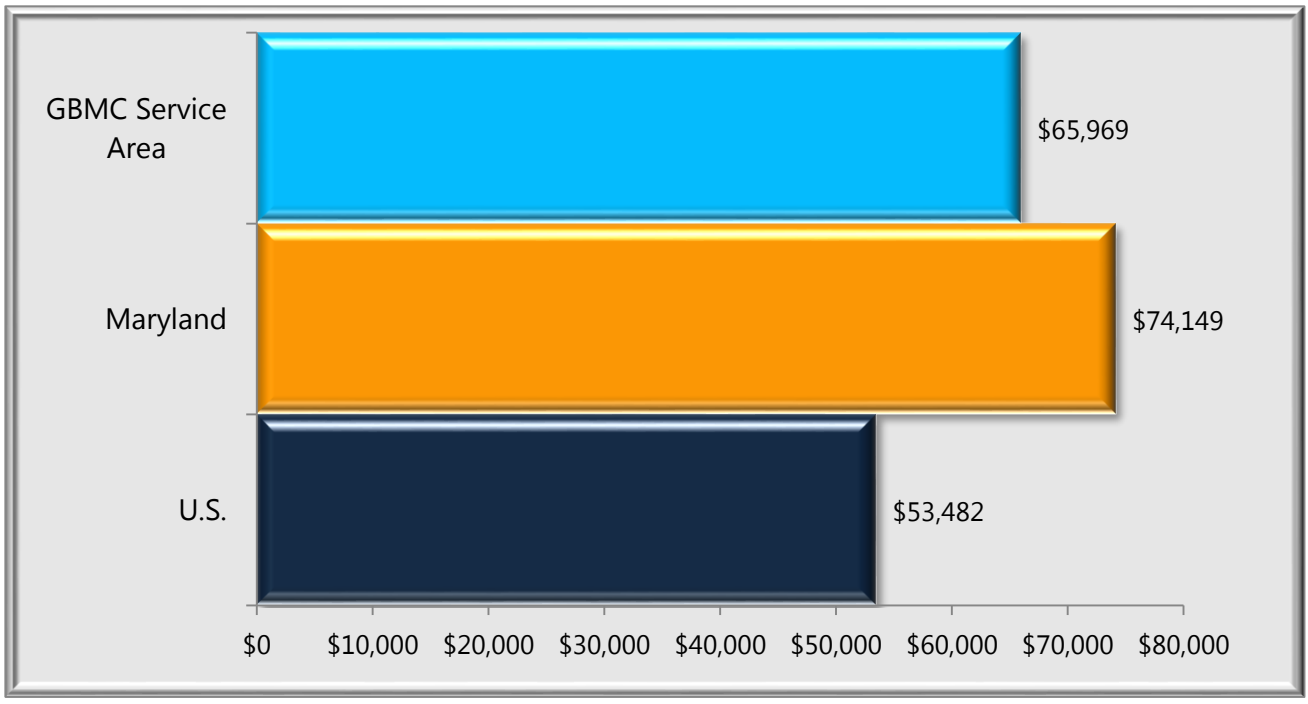


A review of U.S. Census data shows specific community highlights related to housing, education and poverty in the GBMC service area. Housing is an important social determinant of physical and mental health. Affordable housing helps to alleviate the financial burden and makes more household resources available to pay for health care and healthy food, which leads to better health outcomes. When looking at housing costs in GBMC service area, a slightly lower proportion of homeowners and renters are spending less than 30% of their income on a mortgage or rent when compared to the state and nation. However, the GBMC service area has a higher percentage of householders living alone and specifically aged 65 years and over (12.5%) than in the state (9.6%) and the nation (10.0%).

Education is also an important social determinant of health. Anecdotal evidence indicates that individuals who are less educated tend to have poorer health outcomes. However, the GBMC service area has a higher percentage of residents with a bachelor's degree or higher (39.3%) when compared to Maryland (37.3%) and the nation (29.3%).

Another indirect measure of health outcomes is household income as it provides a foundation for determining poverty status. The median income for households and families in the GBMC service area ($65,969 and $82,768) is lower when compared to the state but still higher when compared to the nation. The population below poverty level in the GBMC service area is similar when compared to the state (9.8% and 10.0% respectively) but is lower when compared to the nation (15.6%). Additionally, there is a much lower share of residents in the GBMC service area who are below the poverty level and receiving food stamps (36.9%) compared to both the state (41.0%) and the nation (51.8%).

Figure 2. Median household income



Key Health Issues

This section illustrates the health concerns of the community as identified by the secondary data as well as the key informant survey.

Top Five Leading Causes of Death

The top five causes of death in the GBMC service area are heart disease, cancer, stroke, accidents, and chronic lower respiratory disease. While the top two leading causes of death are consistent with the state and nation, the crude death rates are much higher in the GBMC service area. The crude death rate from stroke is also notably higher in the GBMC service area (64.8 per 100,000) than in Maryland (41.3) and the nation (41.7). The overall crude death rate per 100,000 is much higher in the GBMC service area (1,049.5) when compared to Maryland (767.5) and the nation (823.7).

Table 2. Crude Death Rates by Selected Causes, All Ages per 100,000 (2014)

	U.S.	Maryland	GBMC Service Area
Diseases of heart	192.7	186.3	261.9
Malignant neoplasms (Cancer)	185.6	180.0	235.8
Chronic lower respiratory disease	46.1	31.9	40.6
Accidents (Not including motor vehicle accidents)	42.7	28.0	41.5
Cerebrovascular diseases (Stroke)	41.7	41.3	64.8
Alzheimer's Disease	29.3	15.6	21.0
Diabetes mellitus	24.0	21.8	29.3
Influenza and pneumonia	17.3	17.1	20.5
Nephritis, nephrotic syndrome and nephrosis	15.1	12.6	16.2
Suicide*	13.4	10.1	10.5

Sources: Centers for Disease Control and Prevention, Maryland Department of Health and Mental Hygiene

*Crude death rate for suicide is for Baltimore County.

Key informants were asked to identify the top five most pressing health issues in their community. Overweight/obesity and substance abuse/alcohol abuse were identified as the top health issues by approximately 68% of respondents. However, overweight/obesity was actually identified as the most significant health issue facing the community. The following table illustrates the top five health issues facing the service area as viewed by key informants.

Table 3. Ranking of the Top Five Most Pressing Health Issues by Key Informants

Rank	Key Health Issue	Selected as an Issue	Selected As Most Significant
1	Overweight/Obesity	68.4%	22.2%
2	Substance Abuse/Alcohol Abuse	68.4%	16.7%
3	Mental Health/Suicide	63.2%	11.1%
4	Access to Care/Uninsured	57.9%	16.7%
5	Diabetes	36.8%	11.1%

The following section provides a more detailed discussion of health issues in the community.

Overweight/Obesity

Overweight/obesity is an important health issue that was identified through the primary and secondary data analysis. Being overweight/obese is a concern as it can be a contributing factor to a variety of other health conditions such as diabetes and heart disease. Data from the Maryland Behavioral Risk Factor Surveillance System (BRFSS) demonstrated that the GBMC Service Area has a higher percentage of residents that are overweight/obese (68.1%) when compared to the state and the nation (both 64.9%). Additionally, key informants ranked overweight/obesity as the top most pressing health issue in the service area as well as the most significant.

Mental Health and Substance Abuse

Based on both the primary and secondary data analysis, mental health and substance abuse issues also emerged as important health concerns. This finding is important because these issues can be significant confounding factors for broader health issues and overall unhealthy lifestyle behaviors. The crude death rate due to suicide per 100,000 in Baltimore County (10.5) is similar to the state (10.1) but still much lower than the nation (13.4). However, data from BRFSS showed that there are a higher proportion of residents who have been diagnosed with a depressive disorder in the GBMC Service Area (20.3%) than both the state (15.9%) and the nation (18.7%). Additionally, mental health/suicide was ranked as the third most pressing health issue by key informants.

In terms of substance abuse, based on data from BRFSS, the GBMC Service Area has a much higher percentage of residents who engaged in binge drinking during the past month (28.5%) when compared to Maryland (15.4%) and the nation (16.0%). Furthermore, substance abuse/alcohol abuse was ranked as the second most pressing health issue by key informants. Related to the topic of substance abuse, one key informant stated: *"We are in the midst of a public health crisis in the City as it relates to overdoses, overuse of opioids and depressive disorders."*

II. Health Risk Behaviors

This section illustrates the health risk behaviors that may contribute to poor health as identified by the secondary data analysis as well as the primary data from the key informant survey.

Tobacco Use

County Health Rankings rank the health of nearly every county in the nation. The rankings for Baltimore County are based on all 24 counties in Maryland. A ranking of "1" is considered to be the healthiest. Based on this data, Baltimore County received a health behaviors rank of 9 out of all 24 counties in Maryland. Adult smoking status is one factor that contributes to this ranking. County Health Rankings data show that the percentage of adults who smoke is similar in Baltimore County compared to the state and the National Benchmark. However, specifically for the GBMC service area, data from BRFSS depicts that there are less current smokers in the GBMC service area (11.6%) than in Maryland (14.6%) and the nation (18.1%).

Dietary and Exercise Behaviors

Regular physical activity combined with healthy eating is widely supported as the best way to prevent certain health concerns such as obesity, diabetes, heart disease and many others. Based on data from County Health Rankings, there is a slightly higher percentage of adults aged 20 and older in Baltimore County that report no leisure time physical activity (25%) when compared to the state (23%) and the National Benchmark (20%). This is despite the population in Baltimore County actually having slightly better access to exercise opportunities compared to Maryland and the National Benchmark. In terms of healthy eating, Baltimore County has a similar food environment index (8.0) compared to both Maryland (8.1) and the National Benchmark (8.3).

Key informants gave feedback on challenges community members may face in maintaining healthy lifestyles like eating healthy and exercising regularly. The majority of key informants believed that access to affordable healthy food and exercise opportunities were major challenges the community faces in maintaining healthy lifestyles. Many key informants identified difficulty meeting basic needs as another barrier to eating healthy and exercising. As one key informant stated: "*Go to the gym or run to the park. It is easy to say this - the reality is that people are working harder, longer, and have less time to focus on their health and nutrition.*"

III. Access to Care

This section illustrates the health coverage status of residents and highlights the barriers related to access to health care as identified by the secondary data as well as the key informant survey.

Health Insurance Coverage

Health insurance coverage can have a significant influence on health outcomes. Based on data from the U.S. Census Bureau (2010-2014), residents in the GBMC service area have a higher health insurance coverage rate (91.3%) than Maryland (90.1%) and the nation (85.8%). This may be a contributing factor to the BRFSS data finding that shows that the GBMC service area has a lower percentage of residents who could not afford to see a doctor in the past 12 months (9.3%) when compared to the state (10.1%) and the nation (13.1%).

Health Care Provider

Based on data from BRFSS, those residing in the GBMC service area are more likely to visit a doctor regularly for a routine check-up (79.0%) when compared to the state (74.7%) and the nation (69.6%). This may be related to the fact that, according to County Health Rankings data, the primary care physician density in Baltimore County is better than both the state and the National Benchmark. However, ratio of dentists and mental health providers falls short of the National Benchmark. The following table on the following page summarizes these findings.

Table 4. Health Care Provider Density (2016)

	National Benchmark	Maryland	Baltimore County
Clinical Care Rank			**10**
Primary care physician density	1,040:1	1,120:1	970:1
Dentist density	1,340:1	1,360:1	1,370:1
Mental health provider density	370:1	470:1	400:1

Source: County Health Rankings

As also depicted in the secondary data, over half of key informants felt that residents could easily access a primary care provider in the community. However, most felt that residents may have a more difficult time accessing a medical specialist, dentist, Medicaid/Medical Assistance provider, bilingual provider, and mental/behavioral health provider. Key informants also felt transportation to medical appointments is insufficient in the community.

Underserved Populations

When key informants were asked whether there are specific populations that are not being adequately served by health services, the majority of respondents (63.2%) felt that there are underserved populations in the community. Of those key informants who feel there are underserved populations in the community, the majority ranked low-income/poor, seniors/aging/elderly, and homeless as the top three population groups that are underserved. Additionally, over three quarters of key informants indicated that uninsured or underinsured individuals use the Hospital Emergency Department as a primary place for medical care. In contrast, about 21% felt that these individuals primarily receive medical care at a walk-in/urgent care center.

Barriers to Accessing Health Services

Realizing the barriers community members face in accessing health services can help better understand why individuals may avoid or delay seeking health care. The most commonly selected barrier that key informants felt the community faced in accessing services was time limitations such as long wait times, limited office hours and time off work (73.7%). This was closely followed by the inability to navigate the health care system (68.4%) and the inability to pay out-of-pocket expenses (63.2%). Additionally, over half of key informants identified access to care as one of the most concerning health issues facing the community.

Resources Needed to Improve Access

In order to improve access to health care for residents, key informants were asked to identify health resources or services that are missing in the community. Mental health services topped the list receiving approximately 68% of responses. Free/low cost dental care followed closely behind with about 63% of responses. Health screenings came in third with over half of key informants selecting it as a missing resource.

Challenges and Solutions

Key informants were asked to identify challenges people in the community face in trying to maintain healthy lifestyles. While the majority of key informants felt that access to affordable healthy food and exercise opportunities was limited, many felt that this was due to bigger issues. A number of key informants felt that community members have a difficult time just meeting their basic needs that health is not always a priority. Additionally, a general lack of resources, including knowledge, time, money, and transportation, prevents the community from maintaining a healthy lifestyle. As one key informant stated:

> *"[There is a] lack of proper education and health training. [There is an] overwhelming need to address immediate needs such as food, rent, work, utilities."*

Lastly, key informants were asked to provide suggestions/recommendations that they thought would be helpful to improve health and quality of life in the community. The majority of respondents voiced the need for increased collaborations and partnership building particularly between the hospital and community health agencies. Others believed that the provision of transportation as well as low/no cost options for health care and prevention services are very important in improving residents' health.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Key Community Health Issues and Identified Priorities

Leadership at GBMC have carefully studied the priorities identified from this assessment including the summary report, results and comments. Two key community health issues were identified as the most important priorities: a) Obesity and b) Mental health issues.

The first priority, obesity, was selected due to its overwhelming impact on other chronic illnesses as well as its preventability. Obesity is one of the leading factors leading to serious chronic diseases such as diabetes, hypertension, metabolic syndrome, and coronary heart disease. It contributes to the development of arthritis and may be a risk factor for some cancers and can worsen other conditions such as COPD and infertility. Over a third of patients in the GBMC primary care practices have a Body Mass Index (BMI) greater than 30.

The second priority, mental health issues, was selected as they contribute to the development of chronic disease and cause worsening of a pre-existing disease. Mental health issues also contribute to over utilization of the healthcare system resulting in crowded emergency rooms and impacting access to care. Mental health issues can cause numerous social stressors that impact family and work life. These stressors can contribute to a lower social economic level and higher rates of morbidity and mortality. Nearly a quarter of patients in the GBMC primary care practices have a diagnosis that includes a mental health disorder.

GBMC believes that actions focused on improvement in these two prioritized areas will have the greatest impact on our community's health. As we develop a comprehensive plan to address these multi-faceted problems, we look forward to improved mortality and morbidity rates, unnecessary hospitalizations and a greater quality of life for our neighbors.

Appendix A. Secondary Data Sources

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Appendix B. Key Informant Participants

Name	Agency
Gregory Branch	Baltimore County Health Department
Shino Brown	LifeBridge Health
Camille Burke	Baltimore City Health Department
Jacquelyn Cornish	Baltimore County Department of Planning
Donna Cox, PhD	Towson University
Shonda DeShields	Baltimore City Health Department
Kristine Dunkerton	Community Law Center
Cyrus Engineer	Towson University
Emilie Gilde	Baltimore City Health Department
Stacy Heinze	Veterans Affairs (Baltimore)
Robin Jacobs	Community Law Center
Julie Lynn	Bykota Senior Center
Mary McSweeney-Field	Towson University
Colleen Mercier	Holly Hill Nursing and Rehabilitation
Barry Page	Behavioral Health Administration - Clinical Services
Michelle Proser	Baltimore County School System
Kathleen Westcoat	Behavioral Health System Baltimore
Joanne Williams	Baltimore County Department of Aging
Unidentified Recipient	Baltimore County Health Department - Health and Human Services

Appendix D. 2013 Implementation Strategy Outcomes

Greater Baltimore Medical Center

2013 Implementation Strategy Outcomes

Priority Area: Overweight/Obesity with Focus on Prevention of Chronic Diseases (Diabetes & Heart Disease)			
Goal	**Objective**	**Key Indicators**	**Outcome Measure**
Reduce risk factors for chronic disease and prevalence of overweight and obesity among community residents through education, screenings and promotion of healthy lifestyle choices.	Increase the number of residents who access educational resources related to obesity and chronic disease prevention programming. Increase participation in weight management, healthy eating, and physical activity programs.	• #/% of patients meeting BMI Screening and Follow up measures as defined by CMS • For those patients who do not meet normal BMI, follow up plans are documented during the encounter as defined by CMS (measured by 18-month denominator)	#/% of patients meeting BMI screening and follow-up measures January, 2015- 45.30% February, 2016- 72.39% May, 2016- 78.17% % of patients not meeting BMI standards having a follow up plan documented during their encounter January, 2015- 11.03% February, 2016- 38.72% May, 2016- 44.86%

Priority Area: Access to Care			
Goal	**Objective**	**Key Indicators**	**Outcome Measure**
Improve access to quality health care for individuals living in the Greater Baltimore Area.	Increase residents' awareness of free and low cost health care options. Increase access to health insurance. Decrease barriers to receiving care. Increase number of individuals who report having a primary care medical home.	• Total number of low income seniors who received at home care from a GBMC Nurse Practitioner • Percent of high risk patients who are scheduled for an appointment with a PCP before discharge • Total number of referrals given to low income seniors with limited access to care	# of low income seniors who received at home care from a GBMC Nurse Practitioner 2013 - 1500 2014 - 1650 2015 - 1720 % of high risk individuals who are scheduled for an appointment with a PCP before discharge January 2015- 53.15% August 2015- 69.28% April 2016- 87.5% # of referrals given to low income seniors with limited access to care 2013 – 80 2014 – 104 2015 – 120