Community Health Needs Assessment

2016 KEY INFORMANT REPORT

GBMC

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KEY INFORMANT INTERVIEWS

Background

Key informants were invited to participate in a survey to gather a combination of quantitative ratings and qualitative feedback through closed and open-ended questions. 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.

Holleran staff worked closely with Greater Baltimore Medical Center to identify key informant participants. A total of 19 key informants completed the survey in May 2016. The largest percentage of informants were affiliated with the Government/Housing/Transportation (42.1%), followed by Health Care/Public Health Organizations (26.3%) and Education/Youth Services (15.8%). A full list of key informants and their affiliations can be found in Appendix A. It is important to note that the results reflect the perceptions of some community leaders, but may not represent all community perspectives.

Key Informant Study Findings

Key Health Issues

Key informants were asked to rank the five most pressing health issues in their community from a list of 12 focus areas identified in the survey. The issues of Overweight/Obesity, Substance Abuse/Alcohol Abuse, Mental Health/Suicide, Access to Care/Uninsured, and Diabetes were ranked as the top five health issues. "Care for older adults" and "Falls" were additional topics mentioned by key informants as "Other" key health issues commonly seen in the communities they serve.

The chart on the following page depicts the percentage of respondents who ranked the five most common health issues as a concern in their community. In addition, Table 1 on the following page summarizes the number of times an issue was mentioned and the percentage of respondents that rated the issue as being one of the top five health issues in their community.

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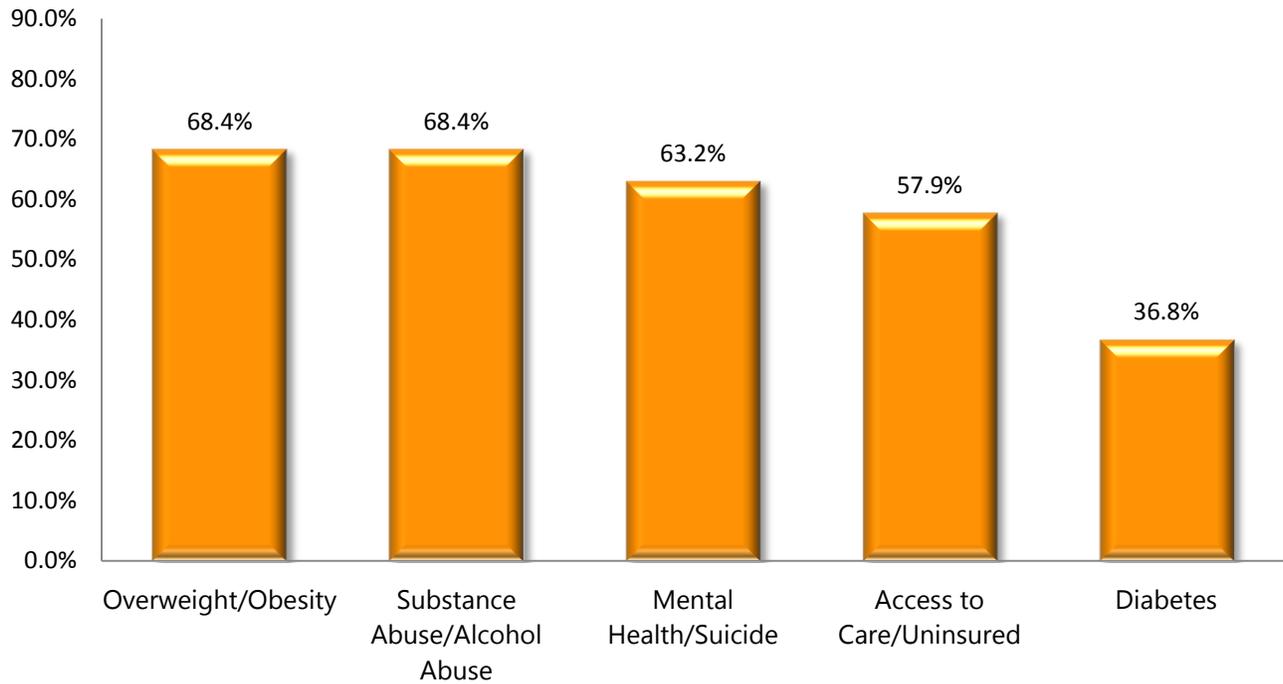"What are the top five health issues you see in your community?"

Figure 1. Ranking of key health issues

Table 1: Ranking of the Most Pressing Key Health Issues

Key Health Issue	Count	Percent of respondents who selected the issue*
Overweight/Obesity - Tied	13	68.4%
Substance Abuse/Alcohol Abuse - Tied	13	68.4%
Mental Health/Suicide	12	63.2%
Access to Care/Uninsured	11	57.9%
Diabetes - Tied	7	36.8%
Heart Disease - Tied	7	36.8%
Cancer	6	31.6%
Dental Health - Tied	5	26.3%
Tobacco - Tied	5	26.3%
Maternal/Infant Health	4	21.1%
Sexually Transmitted Diseases	3	15.8%
Stroke	2	10.5%
Other	2	10.5%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

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Respondents were also asked of those health issues mentioned, which one issue was the most significant. About 22% of key informants selected Overweight/Obesity as the most significant health issue. This was closely followed by Access to Care/Uninsured and Substance Abuse/Alcohol Abuse both receiving votes from approximately 17% of key informants.

Table 2: Most Significant Health Issue

Rank	Key Health Issue	Percent of respondents who selected the issue as most significant
1	Overweight/Obesity	22.2%
2	Access to Care/Uninsured	16.7%
3	Substance Abuse / Alcohol Abuse	16.7%
4	Cancer	11.1%
5	Diabetes	11.1%
6	Mental Health/Suicide	11.1%
7	Other	11.1%

Additionally, respondents were asked to share information regarding these issues and their reasons for ranking them this way. Summaries of select responses are listed below.

Select Comments Regarding Key Health Issues

➢ "Access to healthy food and understanding how it relates to, and the importance of, blood sugar control is severely lacking. This of course, also relates to dental health, overweight, and stroke very directly. Maybe indirectly to substance/alcohol abuse."
➢ "Many healthcare organizations do not have board certified geriatricians. Families also need guidance in options to keep frail elders living at home and keeping them healthy."
➢ "Many people are homebound and cannot exit there homes and cannot access health care, especially specialty care."
➢ "Many people do not recover from falls. Like other disorders, they also do not do things to prevent falls."
➢ "Our CHNA had obesity as affecting other health indicators."
➢ "Overdose deaths from opioids."
➢ "We are in the midst of a public health crisis in the City as it relates to overdoses, overuse of opioids and depressive disorders."
➢ "We have little education or awareness related to lifestyle or the environment and its role on individual or population health. Obesity is linked to diabetes, heart disease and other illnesses. We have several youth residing in GBMCs Towson area - due to TU and other universities. We have few programs to address obesity. Also we need to recognize research on wellness - and use Blum's model to our advantage. I am a champion of prevention and promotion."

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Health Care Access

The second set of questions dealt with the ability of local residents to access health care services, such as primary care providers, medical specialists, dentists, transportation, and Medicaid/Medical Assistance providers. Key informants were asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are summarized below in Table 3.

Table 3. Ratings of Statements about Health Care Access

Factor	Percentage of respondents who "Agree" or "Strongly Agree"
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	55.6%
Residents in the area are able to access a dentist when needed.	44.4%
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	38.9%
There are sufficient numbers of mental/behavioral health providers in the area.	27.8%
There are sufficient numbers of providers accepting Medicaid/Medical Assistance in the area.	16.7%
There are sufficient numbers of bilingual providers in the area.	5.6%
Transportation for medical appointments is available to area residents when needed.	5.6%

As illustrated in Table 3, access to care appears to be an issue in the community. The only factor that received a majority of positive responses was the ability of residents to access primary care providers with approximately 56% of key informants who "Strongly Agreed" or "Agreed" with the statement. The factors related to resident access to a medical specialist and access to a dentist both received positive responses from less than half of respondents but were both not as big of an issue as other factors. In regard to having a sufficient number of Medicaid/Medical Assistance providers, bilingual providers, and mental/behavioral health providers, very few informants gave a positive response. The availability of bilingual providers and transportation for medical appointments received the worst ratings (both 5.6%) compared to all other factors followed by the availability of Medicaid/Medical Assistance providers (16.7%).

The graph on the following page depicts the percentage of respondents who responded as "Strongly Agree or Agree" as compared to those who "Strongly Disagree or Disagree" with the factors.
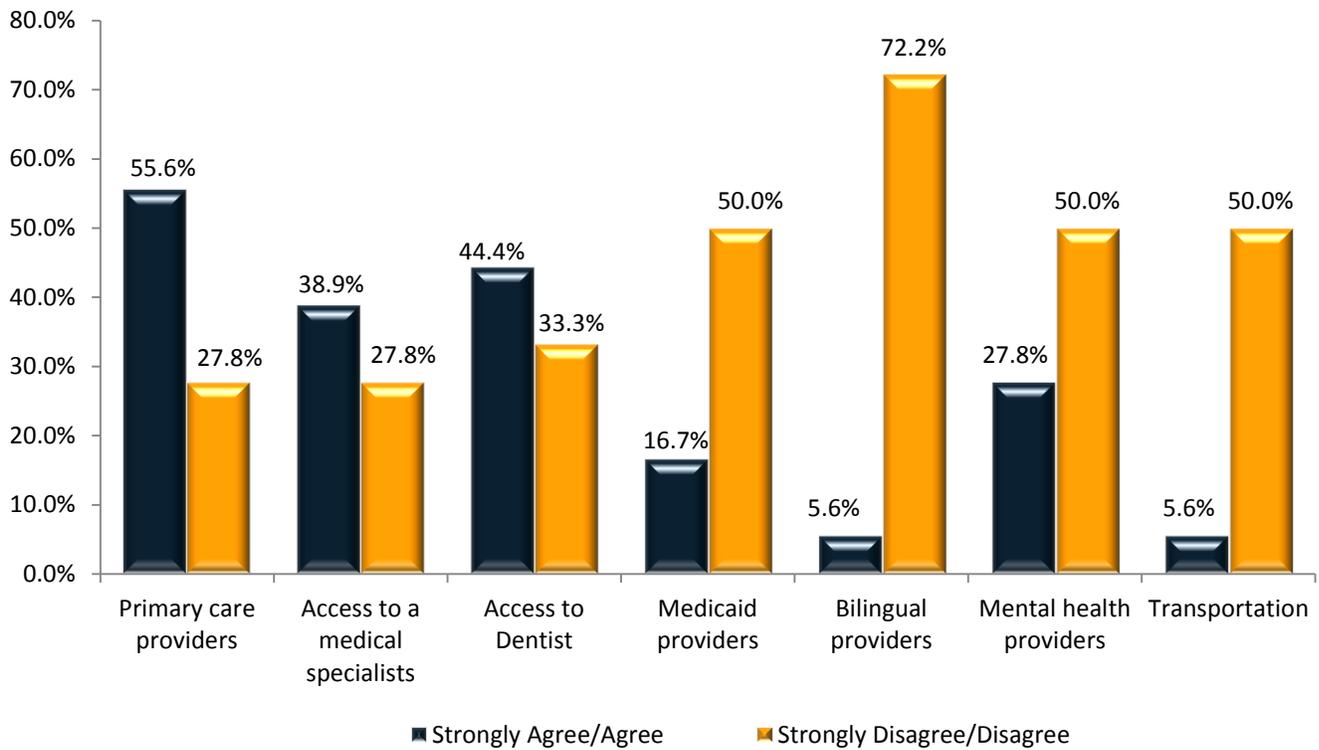
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Figure 2. Ratings of Health Care Access

Barriers to Health Care Access

After rating health care access issues facing the local service area, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The top five barriers that were selected most frequently include:

➢ Time Limitations (Long Wait Times, Limited Office Hours, Time Off Work)
➢ Inability to Navigate Health Care System
➢ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, Etc.)
➢ Basic Needs Not Met (Food/Shelter)
➢ Lack of Transportation

Table 4 shows a combined result of the number and percent of respondents who selected each barrier and the percent of respondents who selected it as the most significant barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier.

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Table 4: Ranking of Barriers to Health Care Access

Key Health Barrier	Count	Percent of respondents who selected the issue*	Percent of respondents who selected the issue as the most significant
Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	14	73.7%	5.3%
Inability to Navigate Health Care System	13	68.4%	31.6%
Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	12	63.2%	5.3%
Basic Needs Not Met (Food/Shelter)	11	57.9%	10.5%
Lack of Transportation	9	47.4%	21.1%
Language/Cultural Barriers	9	47.4%	0.0%
Availability of Providers/Appointments	8	42.1%	15.8%
Lack of Health Insurance Coverage	7	36.8%	5.3%
Lack of Child Care	6	31.6%	5.3%
Lack of Trust	5	26.3%	0.0%
Other	1	5.3%	0.0%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Among health care access barriers, about 32% of respondents rated "Inability to Navigate Health Care System" as being the most significant barrier. The second most significant barrier that was rated by informants was the lack of transportation (21.1%).

Key informants also shared additional information regarding barriers to health care access. Their responses are summarized below.

Select Information Regarding Barriers to Health Care

➢ "After the ACA, primary care offices have become busy and appointments for minor ailments, routine physicals are hard to get - it could take between two to six weeks sometimes."
➢ "Many factors affect the ability to understand and utilize health insurance and other resources."
➢ "Many older adults cannot drive and rely on their caregivers to get them to MD appointments. County Ride and MTA Access have long waits and cannot always provide reliable transportation (my mom has been forgotten at appointments)."
➢ "Many residents in the City do not have access to their foundational needs."
➢ "Most private providers refuse medicaid and sometimes medicare."
➢ "Time limitations are significant. Medical offices need to be better about not overbooking appointments and causing people to wait excessively. It discourages people to show up on time."
➢ "We still have individuals without insurance and the ability to pay co-pays."

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Underserved Populations

Informants were asked whether there are specific populations who are not being adequately served by local health services. As seen in Figure 3, the majority of respondents (63.2%) indicated there are underserved populations in the community.

> "Are there specific populations in this community that you think are not being adequately served by local health services?"
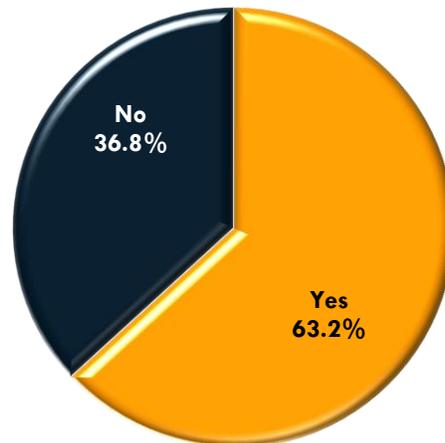

Figure 3. Key informant opinions regarding underserved populations

The 12 respondents that felt there are specific populations in the community that are not being adequately served were then asked to identify which populations they think are underserved. As depicted in Table 5, nearly all respondents (91.7%) felt that Low-Income/Poor populations groups in the community are underserved. Seniors/Aging/Elderly as well as Homeless individuals were both considered to be underserved by approximately 75% and 58% of study participants respectively.

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Table 5: Underserved Populations

Rank	Underserved population	Count	Percent of respondents who selected the issue*
1	Low-income/Poor	11	91.7%
2	Seniors/Aging/Elderly	9	75.0%
3	Homeless	7	58.3%
4	Uninsured/Underinsured	6	50.0%
5	Black/African-American	5	41.7%
6	Disabled	4	33.3%
7	Hispanic/Latino	3	25.0%
8	Children/Youth	2	16.7%
9	Immigrant/Refugee	2	16.7%
10	Young Adults	1	8.3%

* Respondents (n=12) could select more than one option, therefore the percentages may sum to more than 100.0%.

Health Care for Uninsured/Underinsured

Key informants were asked to identify where uninsured/underinsured individuals go to access health care. Approximately 79% of respondents indicated the Hospital Emergency Department as a primary place where uninsured or underinsured individuals go to when they are in need of medical care. Key informant opinions regarding this issue are summarized in Figure 4 below.

"In general, where do you think most uninsured and underinsured individuals living in the area go when they are in need of medical care?"
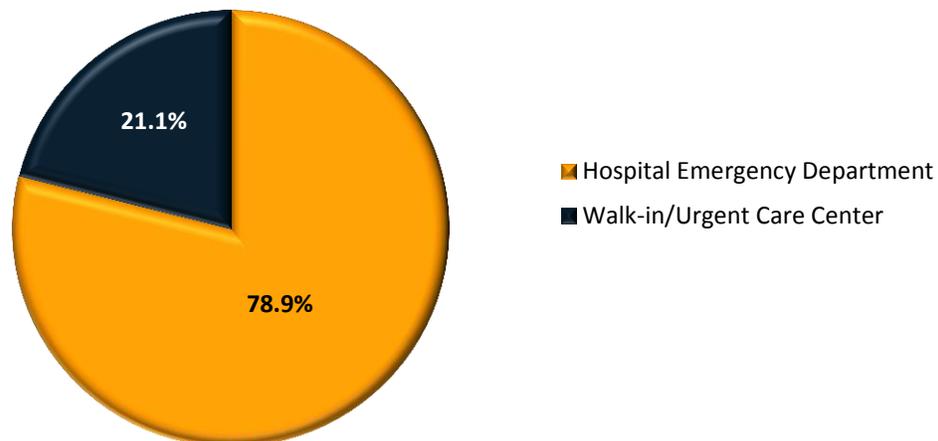

21.1%

78.9%

- Hospital Emergency Department
- Walk-in/Urgent Care Center

Figure 4. Key informant opinions regarding health care for uninsured/underinsured

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Missing Resources/Services

Respondents were asked to identify key resources or services they felt were missing in the community. Mental Health Services was selected by the majority of respondents (68.4%) as missing in the community, closely followed by Free/Low Cost Dental Care with 63.2% of key informants selecting this issue. Health Screenings was also identified as missing by over half of all respondents. A summary of the rankings is given in Table 6 below.

Table 6: Listing of Missing Resources/Services in the Community

Rank	Missing Resources /Services	Count	Percent of respondents who selected the issue*
1	Mental Health Services	13	68.4%
2	Free/Low Cost Dental Care	12	63.2%
3	Health Screenings	10	52.6%
4	Health Education/Information/Outreach	9	47.4%
5	Substance Abuse Services	9	47.4%
6	Transportation	9	47.4%
7	Bilingual Services	8	42.1%
8	Free/Low Cost Medical Care	6	31.6%
9	Prescription Assistance	6	31.6%
10	Primary Care Providers	6	31.6%
11	Medical Specialists	4	21.1%
12	None	1	5.3%
13	Other	1	5.3%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Challenges and Solutions

Respondents were asked, "What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?" An overwhelming majority of key informants noted that access to affordable healthy food and access to exercise opportunities were major challenges the community faces in maintaining healthy lifestyles. Additionally, many key informants felt that the community has a difficult time meeting basic needs for themselves and their families so health is placed on the backburner. Other key informants felt in general that a lack of resources, including knowledge, time, and money, was the biggest challenge the community faces in living a healthy life.

> "[The] ability to juggle home, school, family, work responsibilities and still have time to manage their own health needs [is a challenge]."

The challenges most commonly voiced by respondents include:

- Lack of accessible and affordable fresh produce.
- Lack of access to exercise facilities.

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- Lack of available resources including knowledge, time, money, and transportation.
- Lack of time due to other more pressing priorities.

Select Comments Regarding Challenges People in the Community Face in Trying to Maintain Healthy Lifestyles

> "Ability of fresh vegetables and fruit; lack of understanding about where to go for exercise; shifting priorities."
> "Access to and knowledge about healthy food choices and lack of access to exercise facilities. Swimming is a tremendous benefit in reducing blood sugar but is inaccessible to most. Even simple things like sidewalks on the streets and proper lighting at night to encourage people to walk more are often missing."
> "Go to the gym or run or 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. I have yet to come across health care institutions offering free gym reimbursement as a benefit. Investment in parks and education is needed while simultaneously support from employers (big and small) to remain fit. Safeway did come up with a strategy to make their employees exercise. Time is a huge constraint."
> "It is expensive to eat healthy, many people buy fast food bc it's cheaper. It's difficult to manage chronic illnesses, bc people lack prescription coverage and many cannot get out of their homes to access doctors."
> "Lack of motivation."
> "Lack of proper education and health training. Overwhelming need to address immediate needs such as food, rent, work, utilities."
> "Lack of resources (e.g. knowledge, money and transportation) and access to healthy lifestyle choices."
> "Not having the money to purchase healthy food. The confusion over the best course of action, insurance will pay for treatment but not prevention."
> "The financial ability to pay for healthy food and time limitations for exercise programs."

Next, key informants were asked, "What's being done well in the community in terms of health and quality of life?" The majority of key informants felt that a variety of education and information was available in the community; however, many agreed that community members lack awareness of available programming or are unable to access the information. Many respondents also felt that hospitals and urgent care centers are widely available in the community, but cost may still be a barrier for residents to access these services. Still others felt that case management programs as well as home-visiting programs have been a benefit to the community. The following text box highlights select feedback given by participants.

Select Comments Regarding What's Being Done Well in the Community

> "Access to health insurance through the ACA. Some case management programs have been very effective in coordinating care for complicated patients."
> "Being an area full of hospitals and other medical facilities, there is lots of opportunity for education regarding health issues."

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> ➢ "Hospitals have some free programs, but you have to get to the hospital to participate. We are loaded with urgent care centers, but they have expensive co-pays."
> ➢ "Increase in availability of insurance; focus on population health from grocery chains to hospital systems."
> ➢ "Networking among health care system has improved over the past several years. Increased bilingual services."
> ➢ "Programs are available in the city to address all of the above concerns however marketing and community awareness is a contributing issue to the lack of engagement. The core of the issue is effective engagement of the community by credible sources on a continual basis to shift and transform the mindset/culture of the community."
> ➢ "Very little is being done to promote positive health. As a public health professional, I find it alarming how we have focused on tertiary health - disease management."

Lastly, key informants were asked to provide suggestions or recommendations to improve health and quality of life in their community. Many key informants emphasized the importance of increasing collaborations and building partnerships, particularly between the hospital and community health agencies. Additionally, other key informants felt improving access to health and prevention services by providing transportation or low/no cost options for residents were vital for improving health in the community. Some specific suggestions and recommendations are outlined below:

Select Suggestions/Recommendations

> ➢ "Having more access to transportation, especially special mode (wc vans and stretchers). Having some specialists make home visits, where available. Assisting with prescriptions."
> ➢ "Hospital collaboration with community health agencies. Community based organizations possess the skill sets needed to help clients access care and services."
> ➢ "I would like to see places like GBMC and other health care providers offer low or no cost access to exercise options such as 30 minute workouts, yoga, etc. Support services such as nutritionists, and eye specialists also need to be better covered by insurance or offer free sessions because they are often costs prohibitive, even with insurance."
> ➢ "Improving customer service as Providers. Engaging Residents respectfully to establish a relationship and the break down barriers so the services offered can be effective. Asking people what they need, not assuming."
> ➢ "Make prevention a priority. Make Towson more pedestrian friendly, more parks, more opportunities for recreation."
> ➢ "People need free and immediate access to quality medical treatment as well as wide spread media education on how to take care of your physical body between crisis's."
> ➢ "School health (public) and getting programs to the kids - early would be key. Substance abuse and mental health services - and a routine survey "wellness and happiness" within the community. Connecting health with social services, transportation and education is key...they are disconnected at the moment - Health is not just absence of disease - positive health means putting in a lot of work to promote lifestyle, protect the environment and have preventive services at hand."

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Appendix A. 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 Respondent	Baltimore County Health Department - Health and Human Services

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Appendix B. Key Informant Survey Tool

Key Informant Online Questionnaire

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Greater Baltimore Medical Center is spearheading a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be the communities surrounding Greater Baltimore Medical Center including Cockeysville, Lutherville, Timonium, Pikesville, Townson, Owings Mills, Dundalk, Parkville, and Nottingham.

KEY HEALTH ISSUES

1. What are the top **5** health issues you see in your community? (CHOOSE 5)

☐	Access to Care/Uninsured	☐	Overweight/Obesity
☐	Cancer	☐	Sexually Transmitted Diseases
☐	Dental Health	☐	Stroke
☐	Diabetes	☐	Substance Abuse/Alcohol Abuse
☐	Heart Disease	☐	Tobacco
☐	Maternal/Infant Health	☐	Other (specify):
☐	Mental Health/Suicide		

2. Of those health issues mentioned, which **1** is the most significant? (CHOOSE 1)

☐	Access to Care/Uninsured	☐	Overweight/Obesity
☐	Cancer	☐	Sexually Transmitted Diseases
☐	Dental Health	☐	Stroke
☐	Diabetes	☐	Substance Abuse/Alcohol Abuse
☐	Heart Disease	☐	Tobacco
☐	Maternal/Infant Health	☐	Other (specify):
☐	Mental Health/Suicide		

3. Please share any additional information regarding these health issues and your reasons for ranking them this way in the box below:

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ACCESS TO CARE

4. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

Strongly Disagree←→Strongly Agree

	Strongly Disagree ←→ Strongly Agree				
Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1	☐2	☐3	☐4	☐5
Residents in the area are able to access a dentist when needed.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of bilingual providers in the area.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of mental/behavioral health providers in the area.	☐1	☐2	☐3	☐4	☐5
Transportation for medical appointments is available to area residents when needed.	☐1	☐2	☐3	☐4	☐5

5. What are the most significant barriers that keep people in the community from accessing health care when they need it? (Select all that apply)

☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (Food/Shelter)
☐	Inability to Navigate Health Care System
☐	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Language/Cultural Barriers
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐	None/No Barriers
☐	Other (specify):

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6. Of those barriers mentioned, which **1** is the most significant? (CHOOSE 1)

☐	Availability of Providers/Appointments
☐	Basic Needs Not Met (Food/Shelter)
☐	Inability to Navigate Health Care System
☐	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐	Lack of Child Care
☐	Lack of Health Insurance Coverage
☐	Lack of Transportation
☐	Lack of Trust
☐	Language/Cultural Barriers
☐	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐	None/No Barriers
☐	Other (specify):

7. Please share any additional information regarding barriers to health care in the box below:

8. Are there specific populations in this community that you think are not being adequately served by local health services?

___ Yes   ___   No

9. **If yes**, which populations are underserved? (Select all that apply)

☐	Black/African-American
☐	Children/Youth
☐	Disabled
☐	Hispanic/Latino
☐	Homeless
☐	Immigrant/Refugee
☐	Low-income/Poor
☐	Seniors/Aging/Elderly
☐	Uninsured/Underinsured
☐	Young Adults
☐	None
☐	Other (specify):

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10. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

☐	Doctor's Office
☐	Health Clinic/FQHC
☐	Hospital Emergency Department
☐	Walk-in/Urgent Care Center
☐	Don't Know
☐	Other (specify):

11. Please share any additional information regarding Uninsured/Underinsured Individuals & Underserved Populations in the box below:

12. Related to health and quality of life, what resources or services do you think are missing in the community? (Select all that apply)

☐	Bilingual Services
☐	Free/Low Cost Dental Care
☐	Free/Low Cost Medical Care
☐	Health Education/Information/Outreach
☐	Health Screenings
☐	Medical Specialists
☐	Mental Health Services
☐	Prescription Assistance
☐	Primary Care Providers
☐	Substance Abuse Services
☐	Transportation
☐	None
☐	Other (specify):

CHALLENGES & SOLUTIONS

13. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy and/or trying to manage chronic conditions like diabetes or heart disease?

14. In your opinion, what is being done *well* in the community in terms of health and quality of life? (Community Assets/Strengths/Successes)

15. What recommendations or suggestions do you have to improve health and quality of life in the community?

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CLOSING

16. Which one of these categories would you say <u>BEST</u> represents your community affiliation? (CHOOSE 1)

☐	Business Sector
☐	Community Member
☐	Education/Youth Services
☐	Faith-Based/Cultural Organization
☐	Government/Housing/Transportation Sector
☐	Health Care/Public Health Organization
☐	Mental/Behavioral Health Organization
☐	Non-Profit/Social Services/Aging Services
☐	Other (specify):

17. Greater Baltimore Medical Center and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

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