



# Community Health Needs Assessment

## CHNA IMPLEMENTATION STRATEGY

### COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW



#### Hospital Overview

Greater Baltimore Medical Center (GBMC) is a not-for-profit health care facility located in Towson, Maryland. The 281-bed medical center provides acute and sub-acute care in the Greater Baltimore area and handles more than 26,700 inpatient cases and approximately 60,000 emergency room visits annually. Since its founding in Towson in 1965, GBMC's accomplishments have validated the vision of its founders to combine the best of community and university-level medicine.

#### Mission Statement

*The mission of GBMC is to provide medical care and service of the highest quality to each patient leading to health, healing and hope.*

In addition to its Towson campus, GBMC offers care in satellite facilities throughout the community including Hunt Manor, Hunt Valley, Owings Mills, Pikesville, Mays Chapel, Perry Hall and Bel Air. GBMC also operates Greater Baltimore Medical Associates (GBMA), a group of more than 40 physician practices.

GBMC and its physicians have long been recognized for outstanding quality and personalized service within the community. Over the past decade, U.S. News & World Report has repeatedly cited the medical center as one of "America's Best Hospitals" in several areas of service. Additionally, Baltimore Magazine's annual "Top Doctors" edition consistently recognizes more members of GBMC's medical staff than that of any other hospital in the state.

#### Community Health Needs Assessment Background

Beginning in 2012, Greater Baltimore Medical Center (GBMC), Sheppard Pratt Health System (SPHS), and University of Maryland St. Joseph Medical Center (UM-SJMC) partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) 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.

### Definition of Hospital Service Area

The hospitals defined their current service area based on an analysis of the geographic area where individuals utilizing the partner hospitals' health services reside. The primary service area is considered to be the Greater Baltimore community within Baltimore County, Maryland including the following towns:

Zip Code	County	Towns
21030	Baltimore	Cockeysville
21093	Baltimore	Lutherville, Timonium
21204	Baltimore	Pikesville, Towson
21207	Baltimore	Pikesville
21286	Baltimore	Towson
21117	Baltimore	Owings Mills
21222	Baltimore/Baltimore City	Dundalk
21234	Baltimore/Baltimore City	Parkville
21236	Baltimore/Baltimore City	Nottingham

### Research Partner

GBMC contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments.

### Research Methodology

The CHNA was comprised of both quantitative and qualitative research components.

- **Secondary Statistical Data Profile** depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Greater Baltimore was compiled.
- **Key Informant Interviews** were conducted with key community leaders. In total, 18 people participated, representing a variety of sectors including public health and medical services, non-profit and social organizations, and children and youth agencies.

The 2013 Community Health Needs Assessment was published **MONTH 2013** and made available on the GBMC website. The completion of the comprehensive CHNA enabled GBMC and its partners to take an in-depth look at the greater community. The findings from the assessment were utilized by GBMC to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. The following pages outline the findings of the CHNA and GBMC's strategies to meet our community's health needs.

**SELECTION OF COMMUNITY HEALTH PRIORITIES**

Following the completion of the CHNA, facilitators from Holleran Consulting engaged a team of GBMC staff to review the research findings, prioritize the key issues, and develop goals and strategies for adoption and inclusion in the GBMC Implementation Plan.

**GBMC Implementation Strategy Work Group**

Name	Title	Organization

**KEY CHNA FINDINGS**

The GBMC Implementation Strategy Work Group examined the key findings of the Secondary Data Profile and the Key Informant Study to select Community Health Priorities.

**Secondary Data Profile Findings**

Demographic and health indicator statistics were gathered and integrated into a **Secondary Statistical Data Profile** to portray the current health status of the Greater Baltimore service area. Based on a review of the secondary data, the following health issues appear to be areas of opportunity for the Greater Baltimore service area:

- Access to Care
- Mental & Behavioral Health
- Chronic Health Issues (heart disease, cancer, asthma/respiratory disease, stroke)
- Risk Factors for Chronic Health Issues (Overweight/Obesity, Tobacco/Alcohol Use)

**Key Informant Study Findings**

Community engagement and feedback was an integral part of the CHNA process. GBMC sought community input through Key Informant Interviews with 25 community leaders. Public health and healthcare professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served including medically underserved, low income, and minority populations.

Key Informants were asked about the most significant health issues facing the community. The issues that they perceived as being the most significant were:

- Access to Care
- Mental Health
- Substance Abuse/Alcohol Abuse
- Overweight/Obesity
- Chronic Health Issues (Diabetes, Heart Disease, Cancer)

**Key Informant List**

Name	Title	Organization
Ann Marie Labin	Parish Nurse	St. Joseph Parish
Bernie White	Disparities Care Coordinator	UM St. Joseph Medical Center
Roberta Poulton	School Nurse	Mother Seton Academy
Dr. Charlotte Exner	Dean, College of Health	Towson University
Dave Goldman	Chief of Behavior Health	Baltimore Co. Bureau of Mental Health
Dawn Fitzpatrick	President	Sisters Network of Baltimore
Della Leister	Deputy Health Officer	Baltimore Health/HR
Donald Schlimm	Acting Executive Director	Baltimore County Local Mgmt Board
Dr. Brian Hepburn	Director of Mental Health	Mental Health Administration
Hal Franklin	Administrator	Baltimore Commission on Disabilities
Herb Cromwell	Executive Director	Community Behavioral Health
Jane Walker, LCSW-C	Executive Director	Maryland Coalition of Families
Laura Riley	Deputy Director	Baltimore County Dept. of Aging
Linda Kohler	Executive Director	NAMI Baltimore
Linda Raines	Executive Director	Mental Health Assoc. of Maryland
Mary Jo Huber	Nurse Manager	St. Clare Medical Center
Valerie Tarantino	Director	My Sister's Place Women's Center
Vicki Almond	Council Member	Baltimore County Government

**Key Community Health Issues**

The following were identified as overarching community health issues that were present in both the Secondary Data Profile and the Key Informant Survey results:

- Access to Care
- Mental Health
- Overweight/Obesity
- Chronic Health Conditions (Diabetes, Heart Disease, Cancer, Asthma)

**PRIORITIZED COMMUNITY HEALTH NEEDS**

The GBMC Implementation Strategy Work Group reviewed these research findings, along with its current services and programs, resources and areas of expertise, and other existing community assets, to determine what identified needs it would address, and those it would play a support role in addressing. GBMC chose to focus on three community health issues as priority areas for the following three-year cycle. Two related health issues (Obesity & Chronic Disease) were combined into one comprehensive initiative. The GBMC Implementation Plan will address **Overweight/Obesity** with focus on prevention of **Chronic Diseases**. In addition, GBMC will continue to work to improve **Access to Care**.

- Overweight/Obesity with focus on prevention of Chronic Diseases
- Access to Care for Uninsured & Underinsured

## STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the 2013 Community Health Needs Assessment and ongoing community benefit initiatives, GBMC plans to implement the following strategies to impact and measure community health improvement. As with all GBMC programs, we will continue to monitor community needs and adjust programming and services accordingly.

### Overweight/Obesity with Focus on Prevention of Chronic Diseases (Diabetes & Heart Disease)

Based on the results of the Maryland Behavioral Risk Factor Surveillance System, nearly two-thirds of Greater Baltimore adults are considered overweight or obese with more than 30% of adults considered to be obese. These statistics are worse than the state and the nation. Overall, Key Informants ranked Overweight/Obesity as the second most significant health issue facing the community. Physical inactivity, poor nutrition habits, and lack of access to healthy foods contribute to Overweight/Obesity issues. Overweight/Obesity issues are known risk factors for many chronic diseases including diabetes, cancer, and heart disease.

In addition, overall mortality rates and mortality rates for certain chronic conditions (heart disease, cancer, chronic lower respiratory disease, stroke) are higher in the Greater Baltimore area compared to Maryland and the U.S. as a whole. Risk factors for these chronic diseases (obesity, tobacco use, and alcohol use) are also higher in Greater Baltimore compared to the rest of the state and nation. Key Informants also expressed concern for chronic health conditions. Specifically, they ranked Diabetes as the fourth most significant health issue facing the community.

**GOAL:** Reduce risk factors for chronic disease and prevalence of overweight and obesity among community residents through education and promotion of healthy eating and physical activity.

#### OBJECTIVES:

- Increase 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.

#### KEY INDICATORS:

- #/% of overweight and obese adults based on Body Mass Index (BMI)
- Regular Physical Activity Rates
- Fruit & Vegetable Intake Rates
- # of individuals participating in health education programs
- Pre-post nutrition & exercise program measures

#### STRATEGIES:

- Educate individuals about the importance of eating healthy foods with emphasis on fresh fruits and vegetables.
  - **Health Education** - Increase knowledge and skills needed to purchase, prepare, and consume healthy foods through nutrition education and outreach.
  - **Chronic Disease Management Support** – Provide education and support to encourage individuals with chronic conditions to make healthy food choices

- Educate individuals about importance of physical activity and increase availability and access to free and low cost physical activity.
  - **Health Education** – Increase knowledge and skills related to physical activity through education and outreach.
  - **Chronic Disease Management Support** – Provide education and support to encourage individuals with chronic conditions to participate in physical activity. Continue and expand services offered through Diabetes
  
- Educate individuals about risk factors for chronic diseases (including overweight/obesity) and the importance of prevention, early detection, and chronic disease management.
  - **Health Education** – Offer education to community groups on healthy lifestyle topics with special focus on diabetes, diabetes risk, heart disease and weight loss
  - **Health Screenings** – Sustain or increase number of screening programs for diabetes and cholesterol offered at local health fairs.
  
- Continue to support and expand partnership with American Diabetes Association (ADA) to offer youth diabetes initiative to improve diet and exercise habits.
  - **Health Education** program works with Head Start programs at area YMCA's to educate families Regarding appropriate healthy lifestyles and the risk of Type II diabetes in adolescents.

### Access to Care

Access to Health Care is a national health issue that can make it difficult to address other community health problems. Overall, Access to Health Care statistics are favorable for the Greater Baltimore area. The majority of Greater Baltimore residents have health insurance coverage and have visited a doctor for a routine checkup within the past year. However, not everyone is insured and a significant proportion of the population reported difficulty affording care. Key Informants selected Access to Health Care as the number one health issue facing the Greater Baltimore community, and they discussed underserved populations and barriers to seeking care at length. A number of barriers contribute to access issues including lack of awareness and education, lack of transportation, and language barriers. In addition, local infant mortality rates are elevated compared to the state and nation which suggests that access to adequate prenatal care and education may be an issue in the Greater Baltimore area.

**GOAL:** Improve access to quality health care for individuals living in the Greater Baltimore area.

### OBJECTIVES:

- 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

### KEY INDICATORS:

- Total number of uninsured patients screened for health insurance eligibility
- Total number of individuals admitted to the ED/hospital without a primary care provider who are connected to a provider upon discharge from the ED/hospital

## STRATEGIES:

- Increase outreach efforts to enroll individuals eligible for insurance programs
- Promote primary care access points for uninsured and underinsured
- Continue to participate in health fairs and screenings in the Greater Baltimore area.
- Coordinate appropriate referrals to specialists, social services, and transportation when needed.
- Utilize Geriatric Nurse Practitioner to increase Access to Primary Care Services (physical history, medication management assistance, blood pressure screenings and seasonal vaccinations) for low income seniors and individuals experiencing homelessness.
- Continue to offer on-site pediatric services for at-risk youth at local residential mental health treatment facilities (Catholic Charities' Villa Maria and St. Vincent's Centers).

## RATIONALE FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED

GBMC plans to address three of the four needs identified through the 2013 Community Health Needs Assessment. GBMC will expand its community benefit efforts to address Overweight/Obesity and Access to Care. Chronic Disease Prevention & Management will be incorporated into both of these community health initiatives.

GBMC recognizes that partnerships with community agencies have the broadest reach to improve community health issues. GBMC will not focus on the following priority:

- **Mental Health**—GBMC partnered with neighboring hospitals (Sheppard Pratt and University of Maryland St. Joseph Medical Center) to conduct the CHNA. Sheppard Pratt is a behavioral health organization with specialized care and treatment services to address mental health needs. GBMC does not have the resources to address mental health but will support Sheppard Pratt in their efforts to improve mental health in the community.

## EXISTING COMMUNITY ASSETS & RESOURCES:

GBMC recognizes that they will be most effective in this work if they utilize existing community assets and resources such as the following organizations and programs.

- Baltimore County Health Coalition
- Baltimore County Senior Centers
- Baltimore County Department of Health
- Baltimore County Department of Aging
- American Diabetes Association
- Community Health Centers
- Cultural/Faith-based Organization
- Government/Transportation Agencies
- Hospitals/Health Systems
- Non-Profit/Social Service Providers
- Primary Care Providers
- Public/Private Insurance Providers
- School/University System

## APPROVAL FROM GOVERNING BODY

The GBMC Board of Directors met on \_\_\_\_\_ 2013 to review the findings of the CHNA and the recommended Implementation Strategy. The board voted to adopt the Implementation Strategy as outlined and provide the necessary resources and support to carry out the initiatives therein.