



Baltimore Community Health Survey 2014: Summary Results Report

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Executive Summary

This survey, conducted in fall 2014, is a follow up to the 2009 Baltimore Community Health Survey. The findings within this report are based on the responses of 1,722 Baltimore City adults living across the city. While national and state health organizations administer somewhat similar surveys, Baltimore City’s Community Health Survey allows for a more customized and targeted assessment of health topics most relevant to the city.

This report highlights important positive changes in the health of Baltimore City residents between 2009 and 2014: Levels of obesity and diabetes decreased among Black/African American individuals. There was a 7% increase in respondents knowing that “on the back” is the best sleep position for babies. Significantly more individuals reported having health insurance, and those with healthcare coverage were twice as likely to have had a regular physical exam or health screening in the last year as respondents with no healthcare coverage. The percent of people who reported being unable to get the medical care they needed in the past 12 months went from 22% in 2009 to 10% in 2014. Some people reported feeling less socially isolated.

The report findings also demonstrate that work remains to be done in order to ensure the health and well-being of Baltimore City residents. Much of this work relates to factors where we live, learn, work, and play, like education and housing, and these factors are also known as the social determinants of health. For instance, there are notable differences in health status by level of education, social isolation and food/housing security by poverty status, and current smoking by incarceration history.

The Baltimore City Health Department will use the results of the 2014 Community Health Survey to guide its planning and policy development with the goal of improving the health and well-being of all Baltimore City residents.





Letter from the Mayor

Making Baltimore's communities healthier and more livable has always been a top priority for me. My administration is committed to overcoming health and environmental challenges faced by our communities.

We need to ensure that our children are healthy and we must focus on their wellbeing. That is why I am so proud of the B'More for Healthy Babies initiative. Since 2010, we have seen a 48 percent decline in our city's infant mortality rate, which is at an all-time low, as well as a 32 percent decline in our teen birth rate. Under the leadership of our new health commissioner, Dr. Leana Wen, we will expand the Healthy Babies initiative to school-age children. In the coming months, we will launch our B'More for Healthy Kids and our B'More for Healthy Teens initiatives. We will focus on nutrition, exercise, and the unmet health care needs of our children.

A growing city must be a healthy city. We have already brought together our city's pediatric leaders in support of measles vaccinations and to ban the dangerous substance of powdered alcohol. We have also set an aggressive agenda focused on addiction and preventing overdose deaths in our city. We will implement the findings from my Heroin Treatment and Prevention Task Force, which were released this summer.

Even though we have made strides toward a healthier Baltimore, twenty-eight percent of Baltimore children still live in poverty and twenty-five percent of residents live in food deserts. We take these and other health disparities very seriously, and we are working to close that gap to create sustainable, healthy communities. I applaud the Baltimore City Health Department for their work on this report, Baltimore City Health Commissioner Dr. Leana Wen for her leadership, and all for helping ensure that Baltimore residents have access to the health resources they need and deserve.

I remain committed to strengthening our communities and I pledge to maintain the City's focus on this important issue. Together, we will make our city One Baltimore: a healthier place for all residents.

Sincerely,

Stephanie Rawlings-Blake
Mayor of Baltimore





Letter from the Health Commissioner

As the leader of the nation's oldest health department that has been at the forefront of innovation in public health since 1793, I am pleased announce the publication of the second Baltimore Community Health Survey. Though we have seen improvements in some health outcomes since the first survey was published in 2009, there is still much work to be done. The results within this report will help guide us in planning and policy development to accomplish this critical work.

Within these pages, you will find some good news for health in Baltimore City. Since 2009, more mothers are aware that a baby sleeping on their back is the only way for a baby to sleep safe. Also, between 2009 and 2014, there have been decreases in residents reporting they had chronic diseases, like obesity and diabetes. Further, in 2014, only 10% of respondents reported being unable to get the medical care they needed in the past 12 months, compared to 22% in 2009.

Though Baltimore faces health challenges that are rooted in poverty, violence, and substance abuse, it's also a city with extremely committed civic and faith leaders, engaged community organizations, strong foundation presence, and nearly 1,000 employees in our health department who are committed to serving our residents. It's a city where we understand that every single issue is tied to health, whether it's economics, job opportunities, educational advancement, housing, homelessness, drugs and mental health. Policy decisions that influence where people live, learn, work and play is where we can do the most to prevent disease and ensure wellness.

Health equity is a key civil rights issue. I am honored to work with Mayor Stephanie Rawlings-Blake and the citizens of Baltimore to fight for health equity and social justice. I am proud to serve under a visionary leader who so clearly understands how health ties into all policies. Mayor Rawlings-Blake has proven that she will take bold steps at reform by addressing big problems with big solutions. Attacking the root causes of disparities is far from easy, but I am optimistic. I have seen the dedication of so many who are devoted to transforming the health of the city. With your help, we will reduce health disparities and improve the health and well-being of Baltimore.

Sincerely,

Leana Wen, M.D., M.Sc.
Baltimore City Health Commissioner





Acknowledgements

The Baltimore City Health Department would like to thank the 1,722 Baltimore City residents who participated in this survey. Their thoughtful responses will enable the health department and city to better target policies and programs to promote the health and well-being of all residents in Baltimore City.

Contributors and Contact Information

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This report can be accessed electronically at <http://health.baltimorecity.gov/>.

For additional information or questions about this survey, please contact the Office of Epidemiology Services at the Baltimore City Health Department at 410-361-9580 or health_research@baltimorecity.gov.





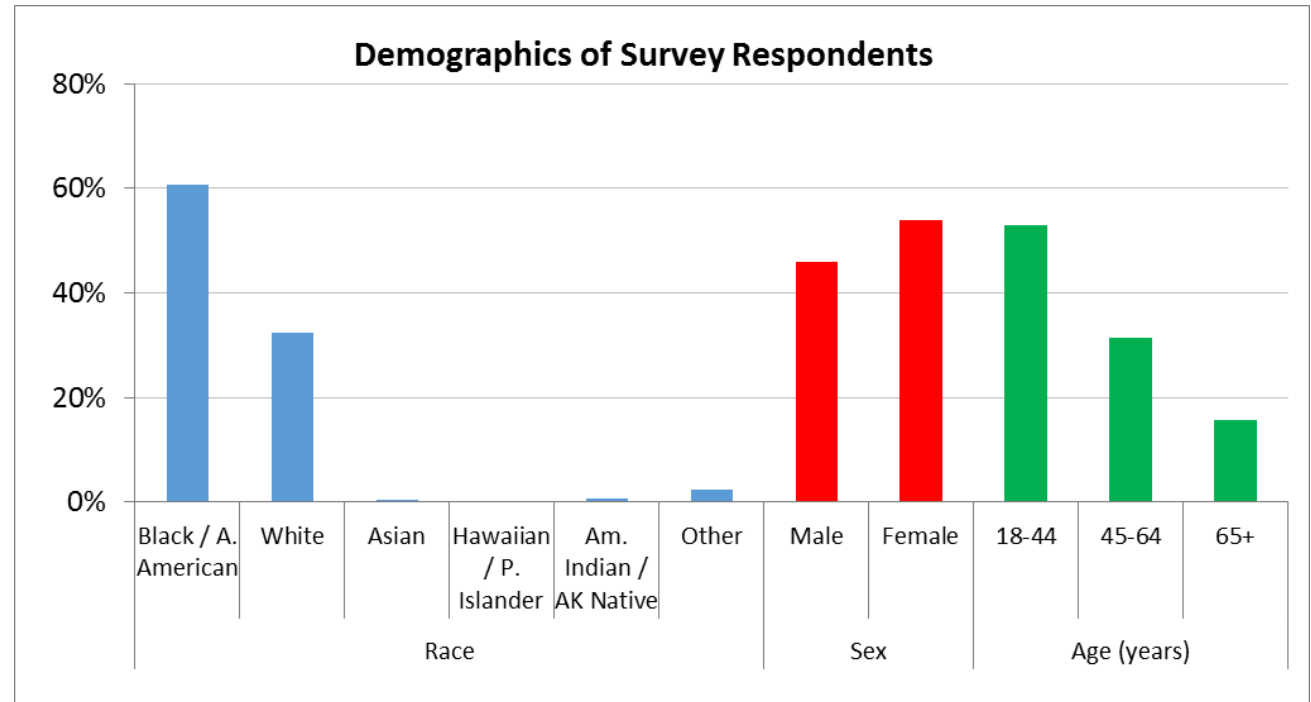
Demographics

About the Survey:

- A representative sample of 1,722 Baltimore City residents participated in the 2014 Community Health Survey.
- The survey reached 980 residents by landline and 742 by cell phone.

Highlights:

- 61% of respondents were Black, while 32% were White. Most of the remaining 7% of respondents were Asian, Hawaiian/Pacific Islander, or American Indian/Alaskan Native.
- 54% of respondents were female.
- The respondents are representative of the Baltimore City population in terms of age, sex, and race/ethnicity.

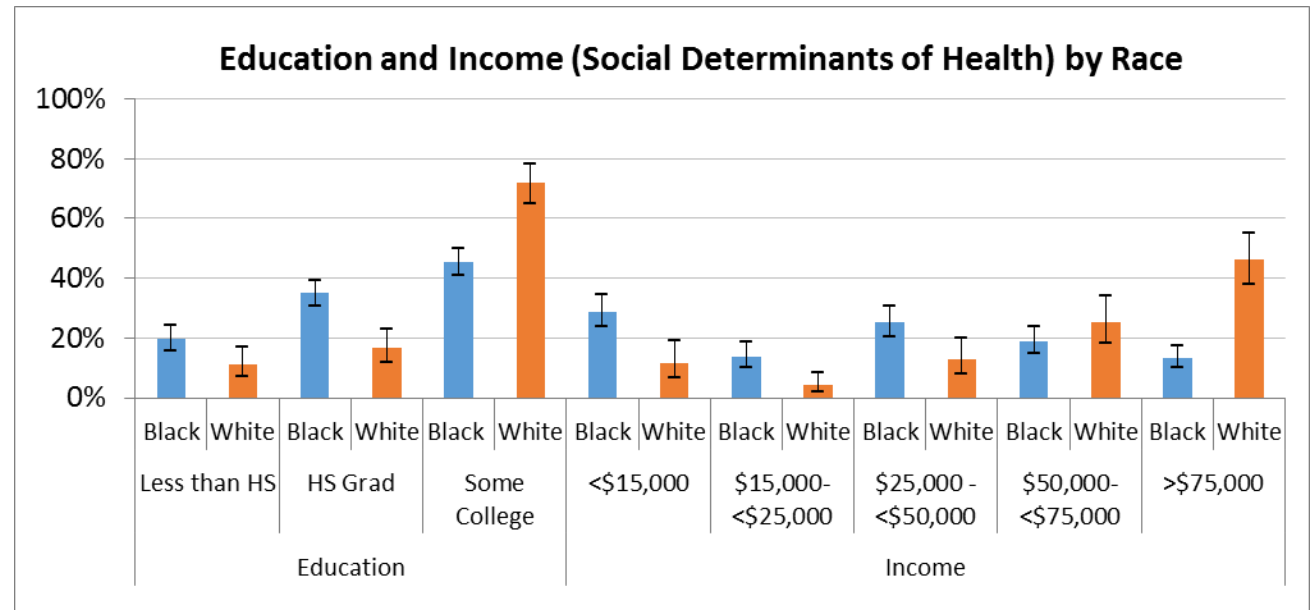




Social Determinants of Health

Highlights:

- The social determinants of health are factors that affect the conditions where we live, learn, work and play.
- 53% of respondents reported having some college level education, with White respondents being 27% more likely to have had some college education than Black respondents.
- White respondents were more than 3 times more likely than Black respondents to be in the highest income group.
- 16% of all respondents reported some history of incarceration.



Note: The black bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.

The social determinants of health are the underlying health-promoting, health-enhancing resources and opportunities we need in order to live long and healthy lives. They can include access to education and employment opportunities, healthy food, healthy housing, safe recreational space, healthcare, safe neighborhoods, and transportation.

Health generally improves incrementally as levels of income and education increase. Having a higher education and income grants people greater access to and control over health promoting resources and opportunities, thus enabling them to live longer healthier lives.

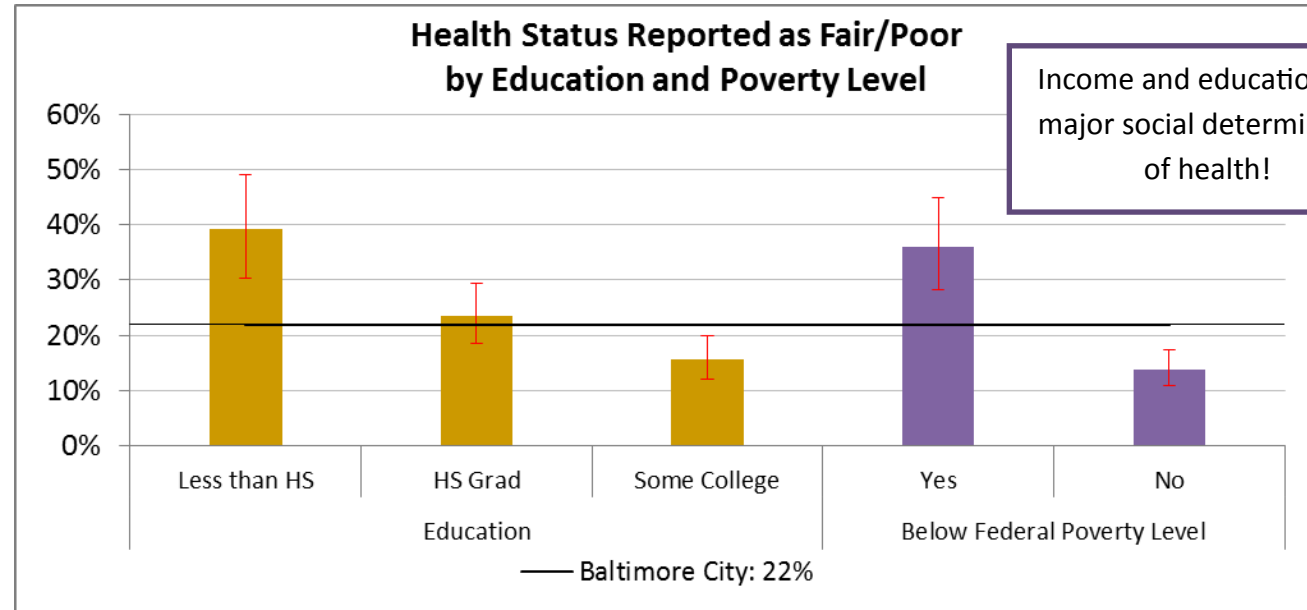
As demonstrated in the above graph, there are large differences in education and income in Baltimore. The results of this survey were analyzed to show the magnitude of the impact that education and income have on health in Baltimore City.



Health Status

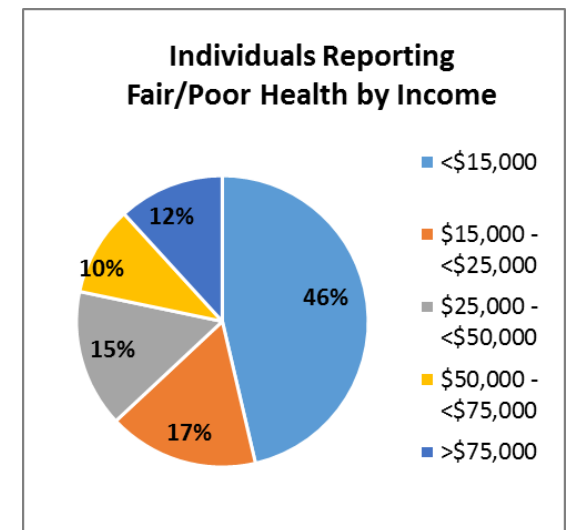
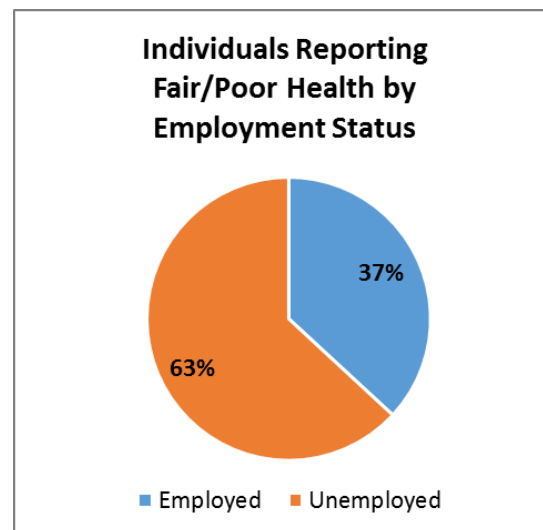
Highlights:

- Available responses were: Excellent, Good, Fair, and Poor.
- 22% of respondents reported being in fair or poor health.
- Those living below the poverty level were 3 times more likely than those living above the poverty level to report being in fair or poor health.
- Those with less than a high school education were twice as likely as those with some college education to report being in fair or poor health.



Income and education are major social determinants of health!

Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.

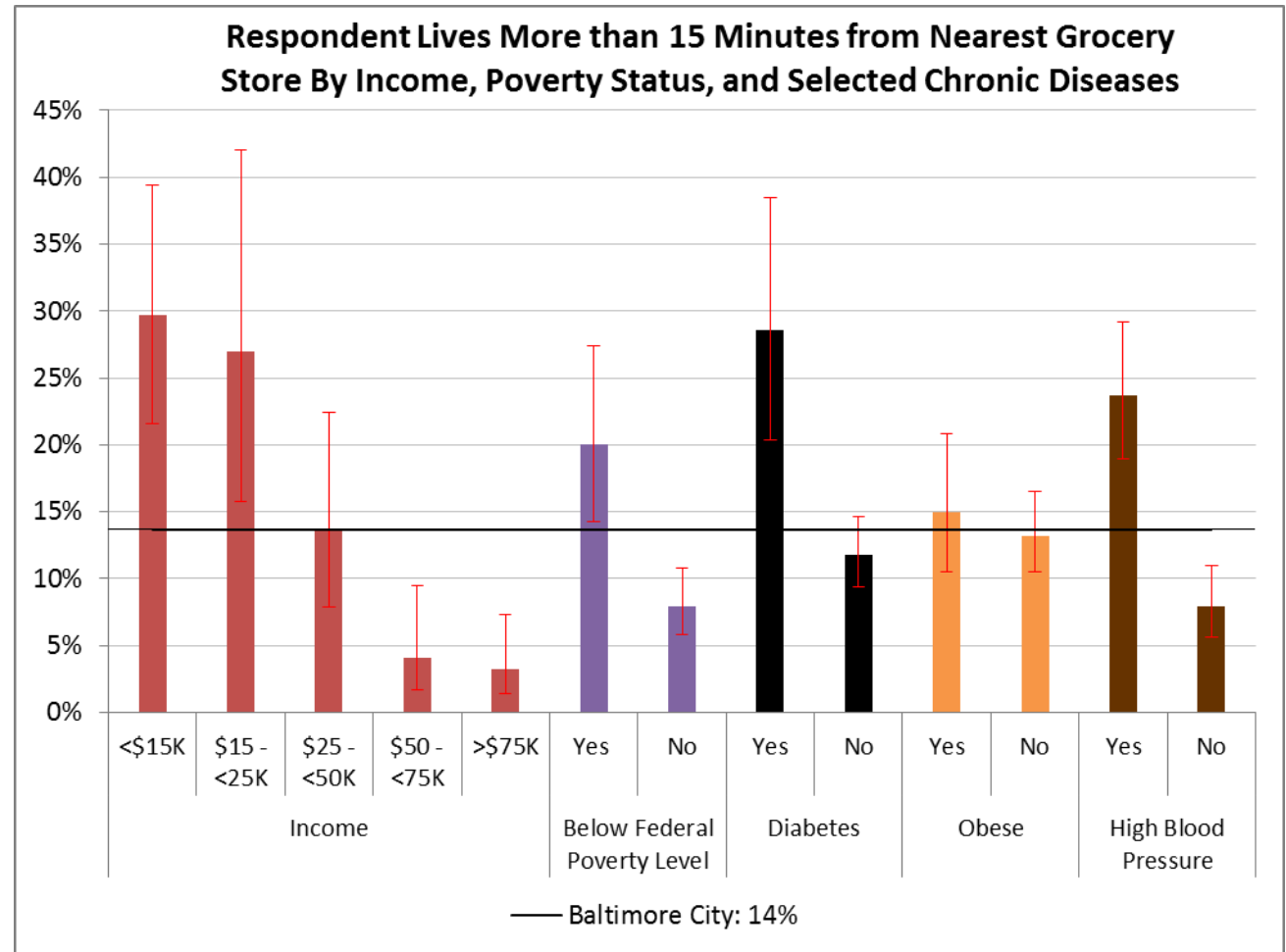




Food Access

Highlights:

- Respondents in the lowest two income categories were five times more likely than respondents in the highest two income categories to live more than 15 minutes from the nearest grocery store.
- Those that reported having diabetes were more than twice as likely to live 15 minutes or more from the nearest grocery store than respondents without diabetes.
- Respondents that reported having high blood pressure were three times more likely to live 15 minutes or more from the nearest grocery store than respondents without high blood pressure.



Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.

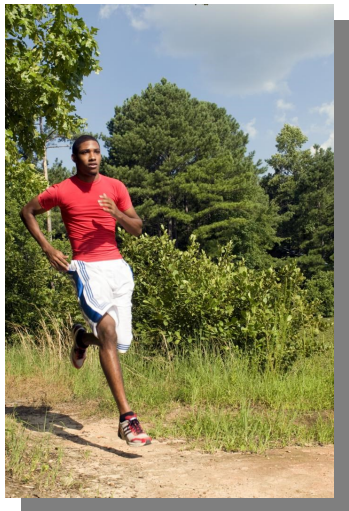
There is a clear connection between food access, social determinants of health, and chronic diseases.



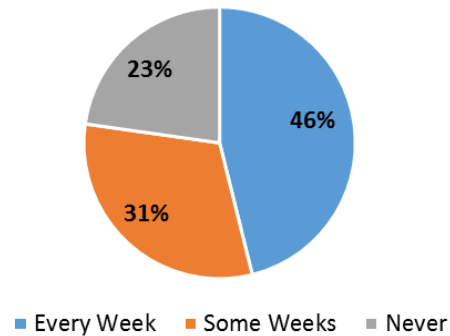
Physical Activity

Highlights:

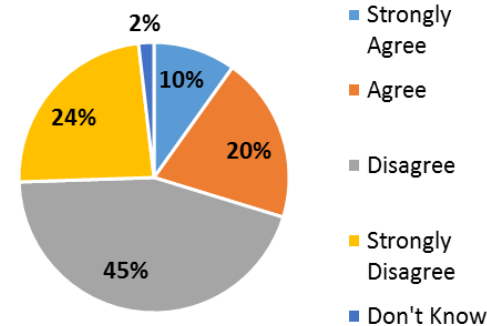
- 46% of respondents get the recommended amount of physical activity every week.
- The largest share of respondents (50%) reported not having enough time as the main reason for not getting enough exercise.
- 30% of respondents reported that it is unsafe to exercise outdoors in their neighborhoods.



How Often Individuals Get the Recommended Amount of Physical Activity

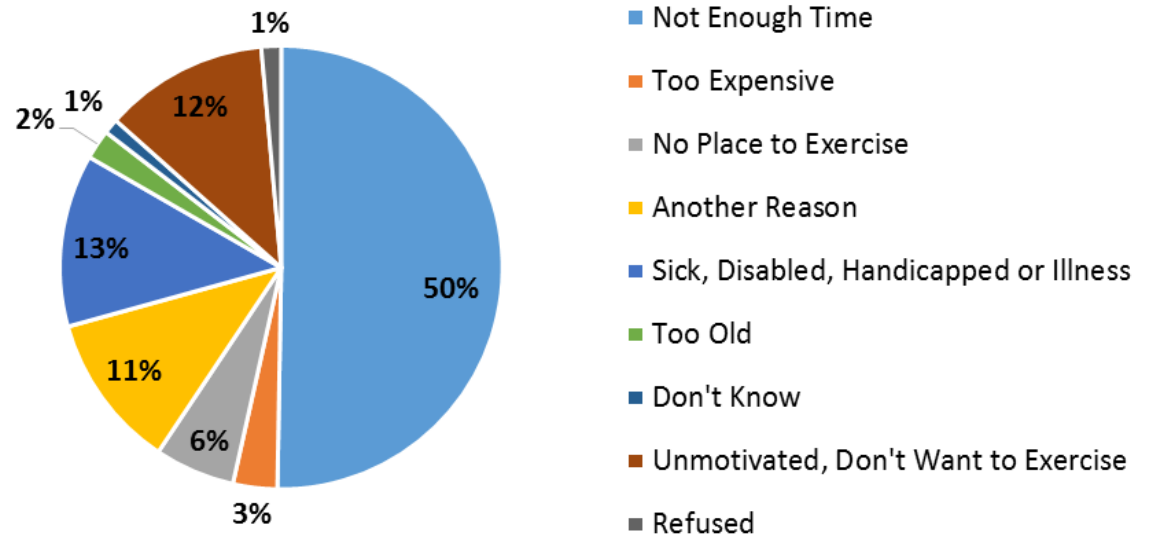


It is Unsafe to Exercise Outdoors in my Neighborhood



Improving neighborhood safety is a critical piece of increasing opportunities for Baltimore City residents to exercise.

Reason for Not Getting Enough Exercise

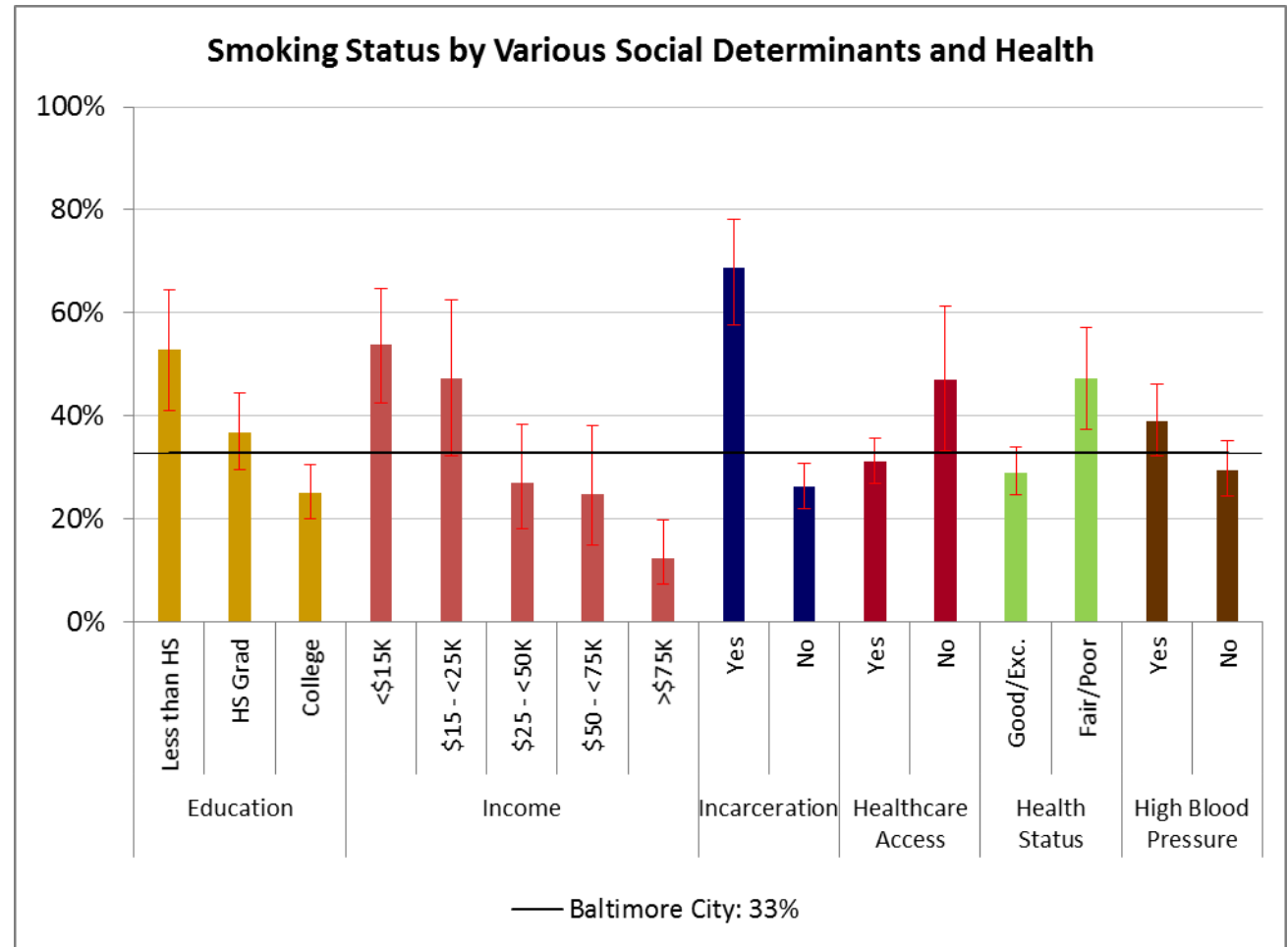




Smoking

Highlights:

- 33% of respondents reported being current smokers.
- Education has strong links to smoking, with respondents that have less than a high school education being twice as likely to be smokers as respondents that have some college education.
- Income is also linked with smoking status, with respondents in the lowest income group being four times more likely to smoke than individuals in the highest income group.
- 69% of individuals that have a history of incarceration are current smokers.



Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.

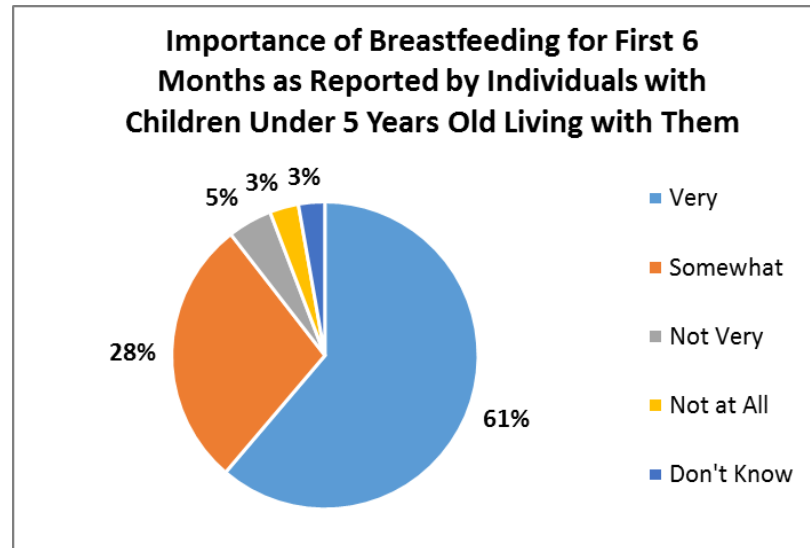
Smoking has strong links to social determinants of health such as education and income.



Maternal and Child Health

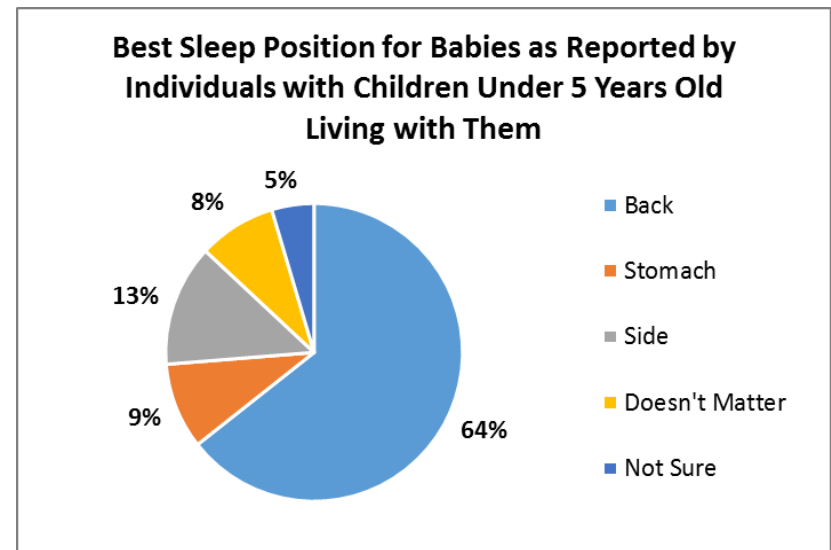
Highlights:

- 61% of respondents with children under 5 years old in the household reported that breastfeeding for the first 6 months of an infant's life is very important.
- 64% of respondents with children under 5 years old in the household reported that "on the back" was the best sleep position for babies.
- Compared to the 2009 survey, the 2014 survey showed a 7% increase in respondents knowing that "on the back" is the best sleep position for babies. Although this change is not significant, it highlights important improvements in infant sleep safety awareness.



The American Academy of Pediatrics recommends that babies be exclusively breastfed for the first 6 months of life.

"On the back" is the only safe sleeping position for babies.



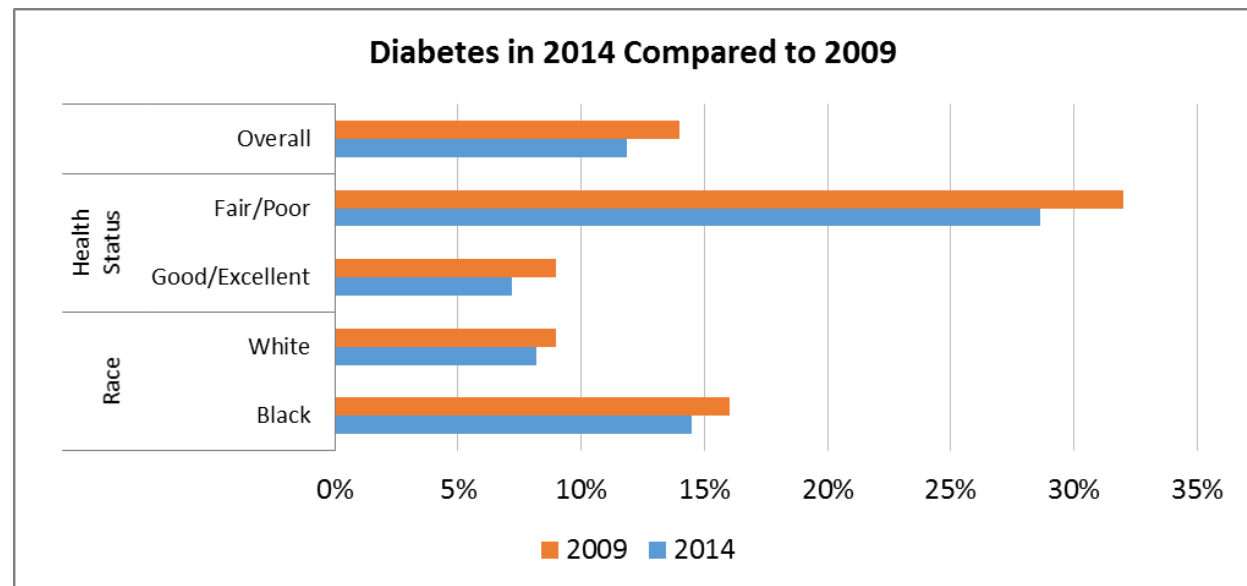
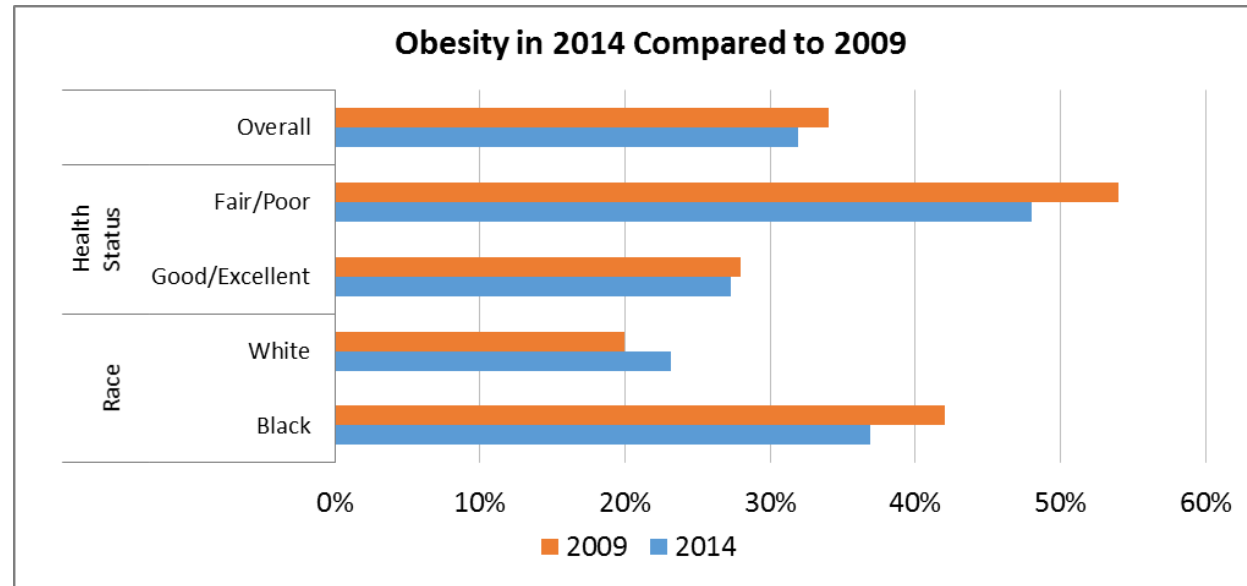


Chronic Disease over Time

Highlights:

- The percent of respondents that reported being obese was 32% in the 2014 survey compared to 34% in the 2009 survey.
- The percent of respondents that reported having diabetes was 12% in the 2014 survey compared to 14% in the 2009 survey.
- Fewer respondents suffering from chronic health conditions such as obesity or diabetes reported being in fair or poor health in the 2014 survey than in the 2009 survey.

Even though there were some improvements in the prevalence of chronic diseases between 2009 and 2014, there is more work to be done!

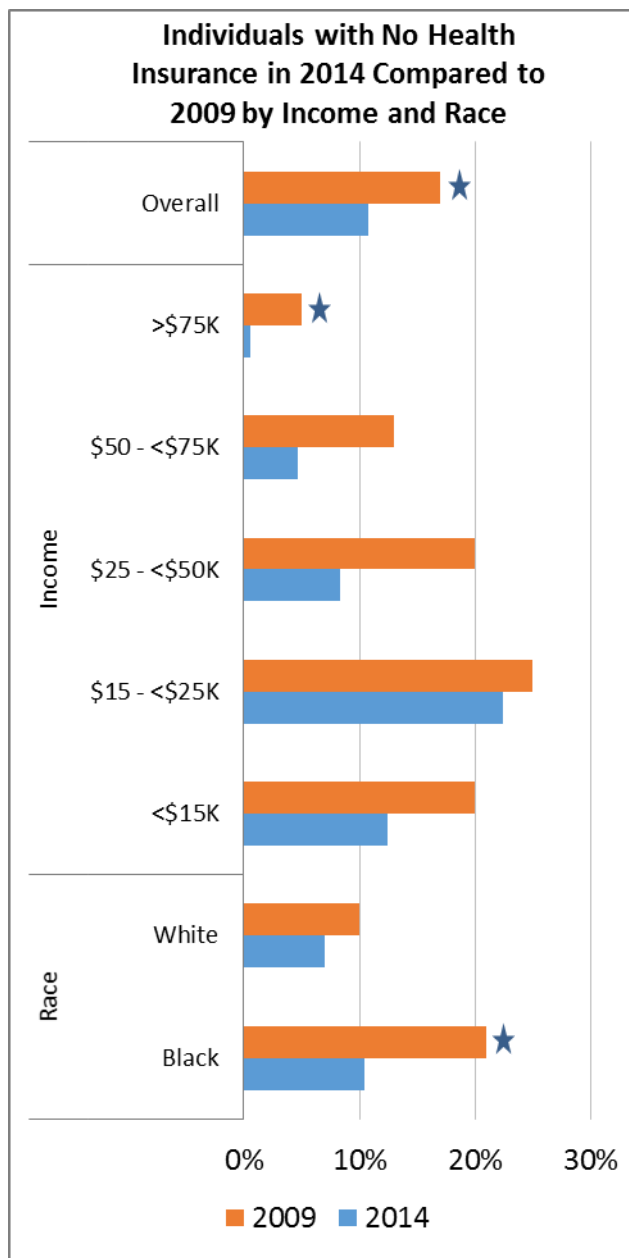




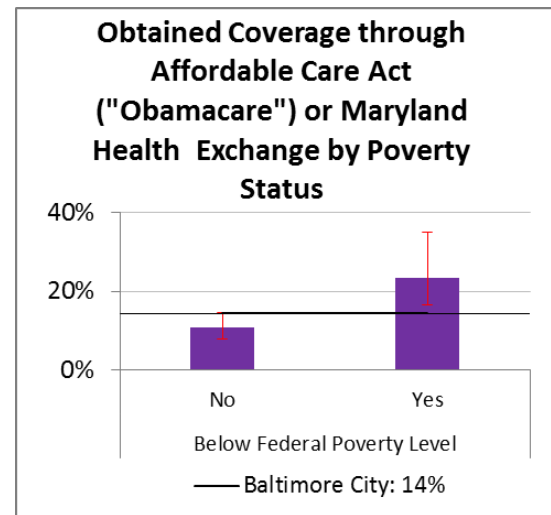
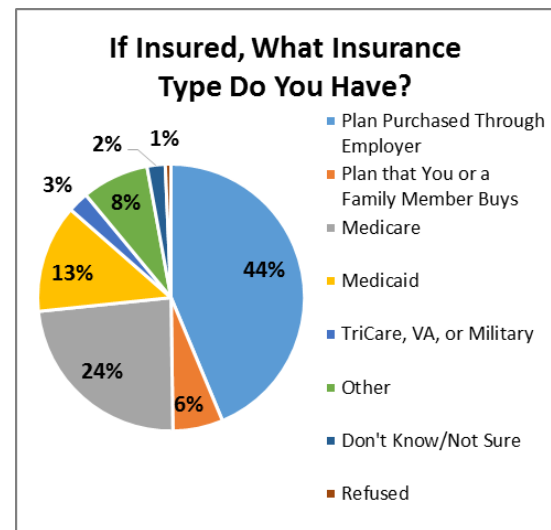
Health Insurance

Highlights:

- The disparity in health insurance coverage in 2014 between Black respondents and White respondents decreased compared to the 2009 survey.
- 14% of respondents reported obtaining health insurance through the Affordable Care Act ("Obamacare") or the Maryland Health Exchange.
- A star (★) indicates a significant change from 2009 to 2014.



Improved insurance access with the Affordable Care Act ("Obamacare"): Significantly more individuals reported having health insurance in 2014 compared to 2009.



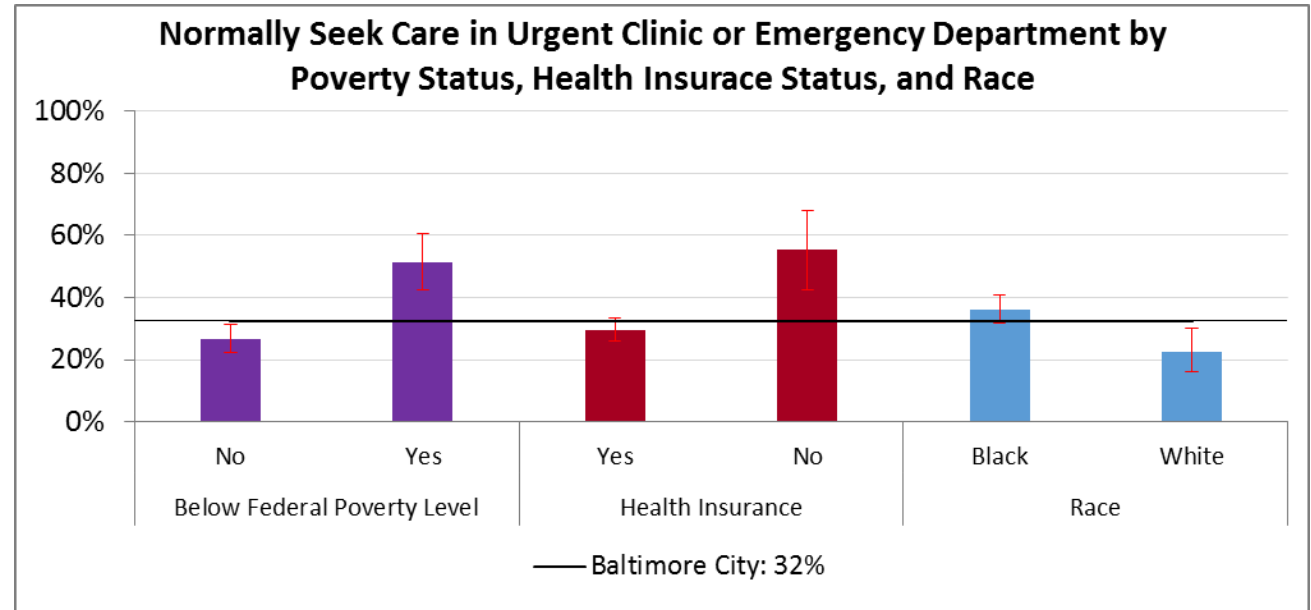
Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.



Unmet Medical Needs

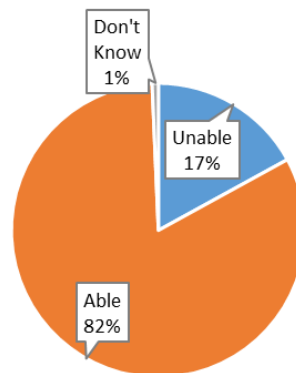
Highlights:

- In 2009, 22% of those surveyed reported being unable to get the medical care they needed in the past 12 months. In the 2014 survey this number was down to 10%.
- 32% of respondents normally seek medical care in an urgent care clinic or emergency department.
- Respondents living below the federal poverty level are twice as likely to seek care in urgent care clinics or emergency departments as respondents living above the federal poverty level.
- 17% of respondents were unable to get the dental care they needed in the past 12 months.



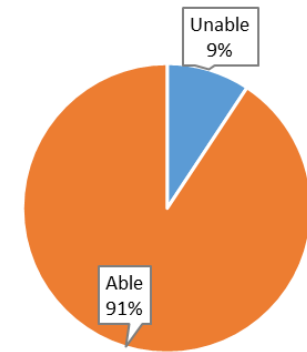
Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.

Unable to Get Dental Care You Needed in Past 12 Months



Need for a medical home: Those living below the poverty level and those without health insurance are more likely to seek care in an urgent care clinic or emergency department instead of a regular provider.

Unable to Fill a Prescription You Needed in Past 12 Months

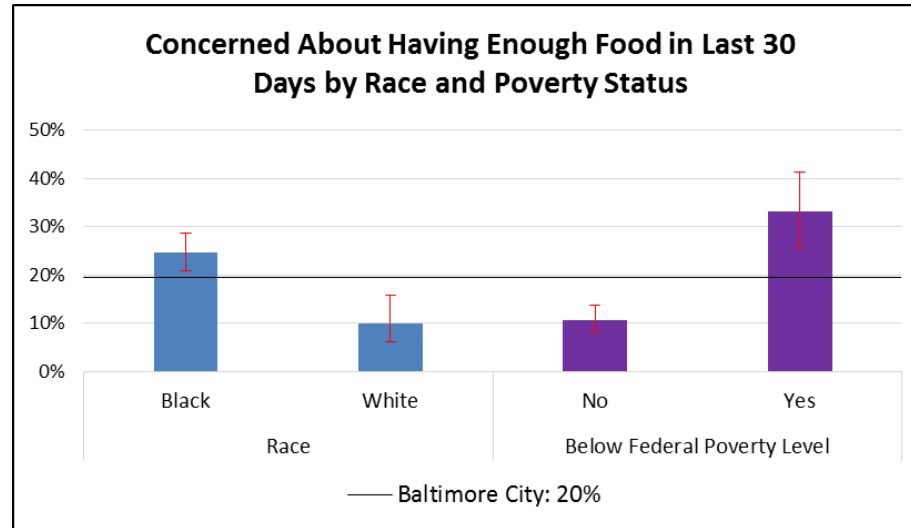




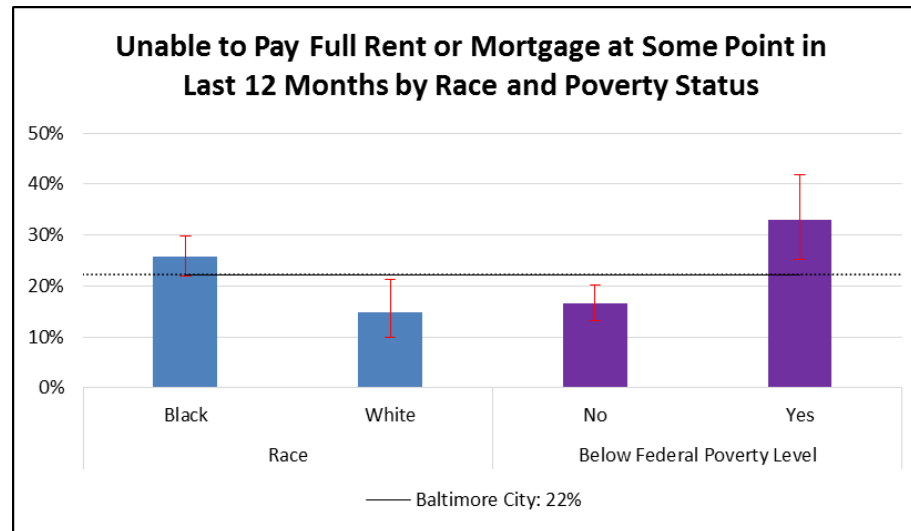
Food and Housing Security

Highlights:

- 20% of respondents reported being concerned about having enough food in the last 30 days.
- Black respondents were twice as likely to be concerned about having enough food as White respondents.
- Respondents living below the federal poverty level were three times more likely to be concerned about having enough food.
- Respondents living below the federal poverty level were twice as likely to be unable to pay full rent or mortgage in the past year as respondents living above the federal poverty level.



Racial and income disparities are important predictors of lack of food and housing security.



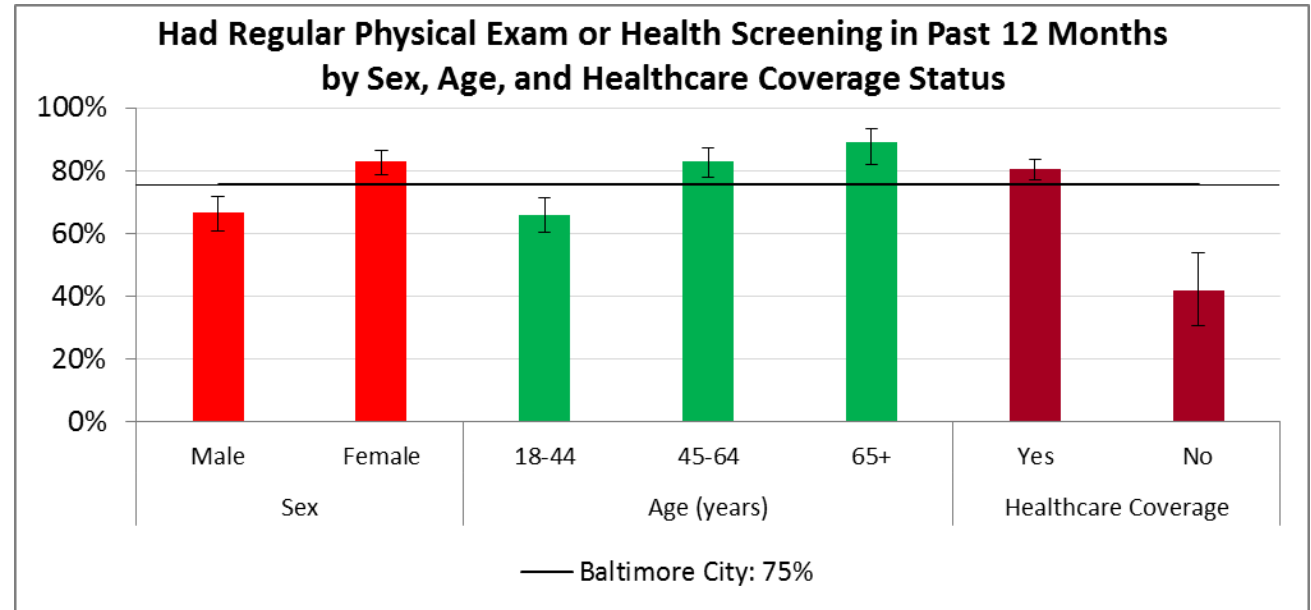
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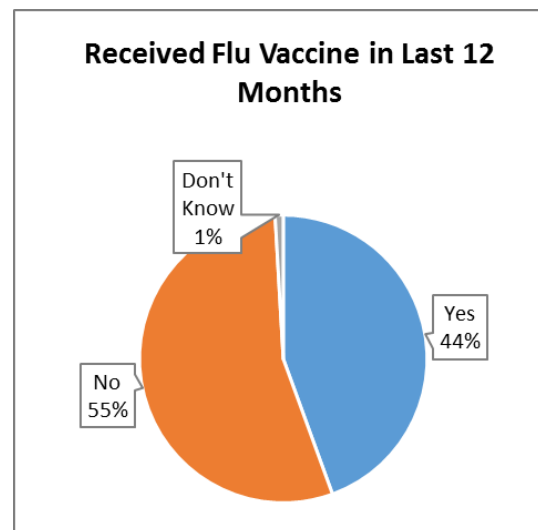
Disease Prevention

Highlights:

- Respondents with healthcare coverage were twice as likely to have had a regular physical exam or health screening in the last year as respondents with no healthcare coverage.
- Female respondents and older respondents were significantly more likely to have had a regular physical exam or health screening in the past year.
- 44% of respondents reported receiving the annual flu vaccine.
- 34% of respondents reported seeing Code Red or cooling center announcements in the last year.



Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.



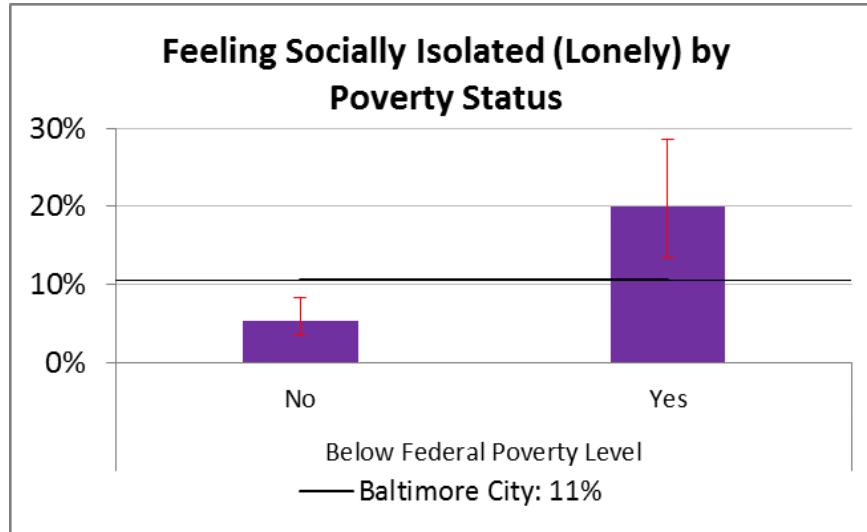
10% of respondents reported that they didn't need the flu vaccine; however, the Centers for Disease Control and Prevention (CDC) recommend that all persons aged 6 months and older receive the annual flu vaccination, with rare exception.



Social Isolation

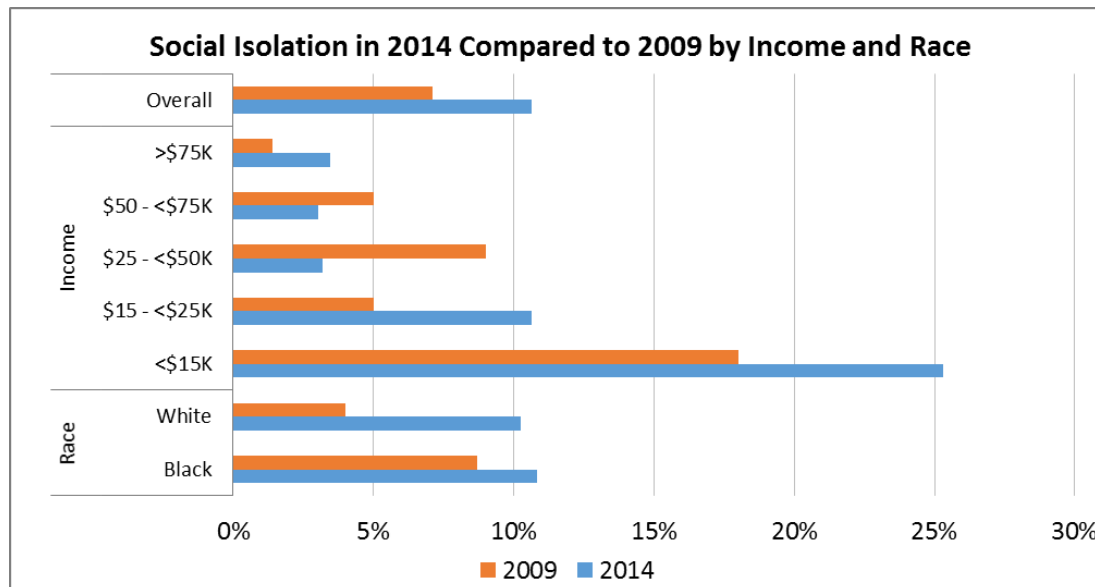
Highlights:

- 11% of respondents reported feeling socially isolated.
- Respondents living below the poverty level were three times more likely to report feeling socially isolated than respondents living above the federal poverty level.
- More respondents reported feeling socially isolated in 2014 than they did in 2009. This increase was greatest in White respondents and those making less than \$25,000 a year.



Income is a strong predictor of social isolation, or loneliness.

Note: The red bars on the chart represent 95% confidence intervals that estimate the precision of each calculation.





Methods and Technical Notes

Methods – During fall 2014, the Baltimore City Health Department conducted a robust telephone survey to (a) assess the health status and needs of city residents, (b) identify gaps in access to health services, (c) assess the use and perception of the Affordable Care Act and the Maryland Health Exchange, and (d) assess the use and perception of city health services. This survey was the second iteration of the Baltimore Community Health Survey; the first was completed in 2009. This 2014 Community Health Survey reached 1,722 Baltimore City adult residents by landline and cell telephones. Survey responses were weighted to be representative of Baltimore City’s population in terms of sex, age, and race/ethnicity. The 95% confidence intervals, indicated by the error bars on the charts, provide an estimate of the precision of each proportion, and should be used when comparing data between subgroups and when comparing data to the overall survey response, as indicated by the dark line on the charts.

Education – Respondents were categorized into those with less than a high school diploma (less than HS), those with a high school diploma (HS grad), and those that had any college level education (Some College).

Employment – Respondents were categorized into those that reported being employed (self-employed or employed for wages or salary) or unemployed (out of work, a homemaker, a student, retired, or unable to work).

Federal Poverty Level – Respondents were categorized into living below the federal poverty level if they met the following benchmarks: annual household income <\$10,000 with 1 or more household members, annual household income <\$15,000 with 2 or more household members, annual household income <\$20,000 with 3 or more household members, annual household income <\$25,000 with 4 or more household members, and annual household income <\$35,000 with 6 or more household members.

Physical Activity – Respondents were asked “Each week, it is recommend that adults get 2 ½ hours of moderate-intensity aerobic activity, and 2 or more days of muscle strengthening activities. Thinking about the past month, how many weeks did you get as much physical activity as is recommended?”

Smoking – Respondents that reported having smoked at least 100 cigarettes in their entire life and reported smoking cigarettes everyday or some days were coded as smokers.

Social Isolation Scale – Respondents were asked the three following questions and asked to reply with “hardly ever”, “some of the time”, or “often”: (1) How often do you feel that you lack companionship? (2) How often do you feel left out? (3) How often do you feel isolated from others? “Hardly ever” replies were coded as 1 point, “some of the time” as 2 points, and “often” as 3 points. If a respondent’s composite score for the three questions was 7 points or higher, that respondent was categorized as feeling socially isolated.