



CHS 2009

Baltimore City Community Health Survey: Summary Results Report

Baltimore City Health Department, Office of Epidemiology and Planning, March 2010

About the Survey:

- A representative sample of 1,134 Baltimore residents participated in the Community Health Survey
- The survey reached approximately 200 residents by cell phone, with the remainder being reached by landline

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Background and Introduction

During the spring of 2009, the Baltimore City Health Department's Community Health Survey reached over 1,100 Baltimore City adult residents by landline and cellular telephone. The main goals of the survey were to: assess health needs of city residents, identify gaps in access to health services, assess the use and perceptions of city health services, and assess attitudes related to current programmatic and policy issues. The Health Department will use the results to guide planning and policy development.

National and state health organizations administer similar surveys among Baltimore City residents each year, including the Centers for Disease Control and Prevention's Behavior Risk Factor Surveillance System (BRFSS). The Health Department's Community Health Survey expands upon information available from other surveys and allows for a more customized and targeted assessment of health topics most relevant to the City. For example, the survey assessed areas such as exposure to violence and perceptions of neighborhood safety. The survey also assessed residents' access to health promoting resources, such as healthy housing, food security, and health insurance. In addition, this Community Health Survey includes a larger sample size and allows us to obtain results and estimates with more

precision than other surveys permit. Survey responses were weighted to be representative of Baltimore City's population in terms of sex, age, and race/ethnicity. The 95% confidence intervals (*as indicated by the red 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*).

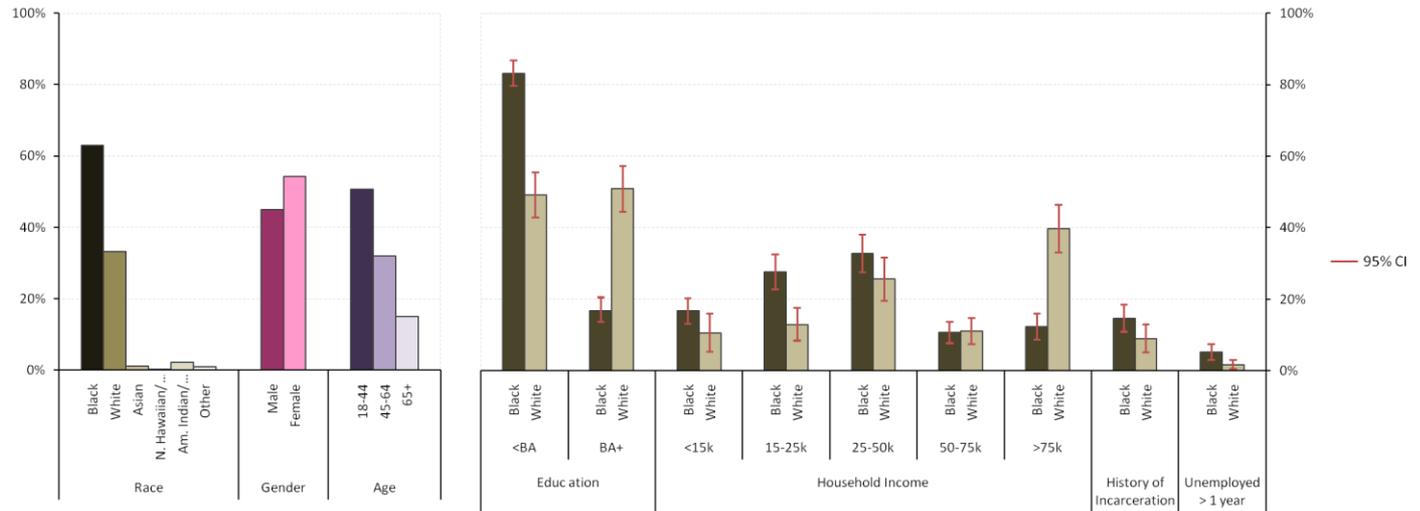
The results presented in the following report highlight the variation in health status, health behaviors, and health care access, especially as determined by factors representing social determinants of health, such as education and household income. In the coming months, the Health Department will provide more detailed information on topics highlighted in this report. The Health Department will conduct the Community Health Survey every two years in order to monitor trends in these important health indicators.



Key Highlights

- 63% of respondents were Black, while 33% were White. Asians, Native Hawaiians/Pacific Islanders, and American Indians/Alaskan Natives made up most of the remaining 4%.
- 54% of respondents were women
- 29% of all respondents reported having a bachelor's degree (BA) or higher, with White respondents 3 times more likely than Black respondents to have earned a BA
- White respondents were 3 times more likely than Black respondents to be in the highest household income group
- 13% of all respondents reported having a history of incarceration
- 4% of all respondents reported being unemployed for a year or more at the time of the survey, with Blacks 3 times more likely than Whites to report so

Survey Demographics



Social Determinants of Health

The **Social determinants of health (SDoH)** are the health promoting and enhancing resources and opportunities we need in order to live long and healthy lives. SDoH include things like access to education and employment opportunities, healthy food, healthy housing, safe parks and recreational space, healthcare, safe neighborhoods, and transportation. In essence, SDoH are the conditions in which we live, learn, work, and play. The World Health Organization and other leading public health authorities have unequivocally stated that the SDoH are mostly responsible for inequities in health, and emphasize the importance of recognizing that all social and economic policies are health policies, including housing, education, transportation, and zoning policies.

Education and income, two common measures of socioeconomic position (SEP), are major social determinants. Research has consistently shown that health improves incrementally as levels of income and education increase. This is what is commonly referred to as the social gradient of health—simply put, the higher your SEP, the healthier you are.

Having a higher socioeconomic position grants people greater access to and control over health promoting and enhancing resources and opportunities, thus enabling them to live longer and healthier lives.

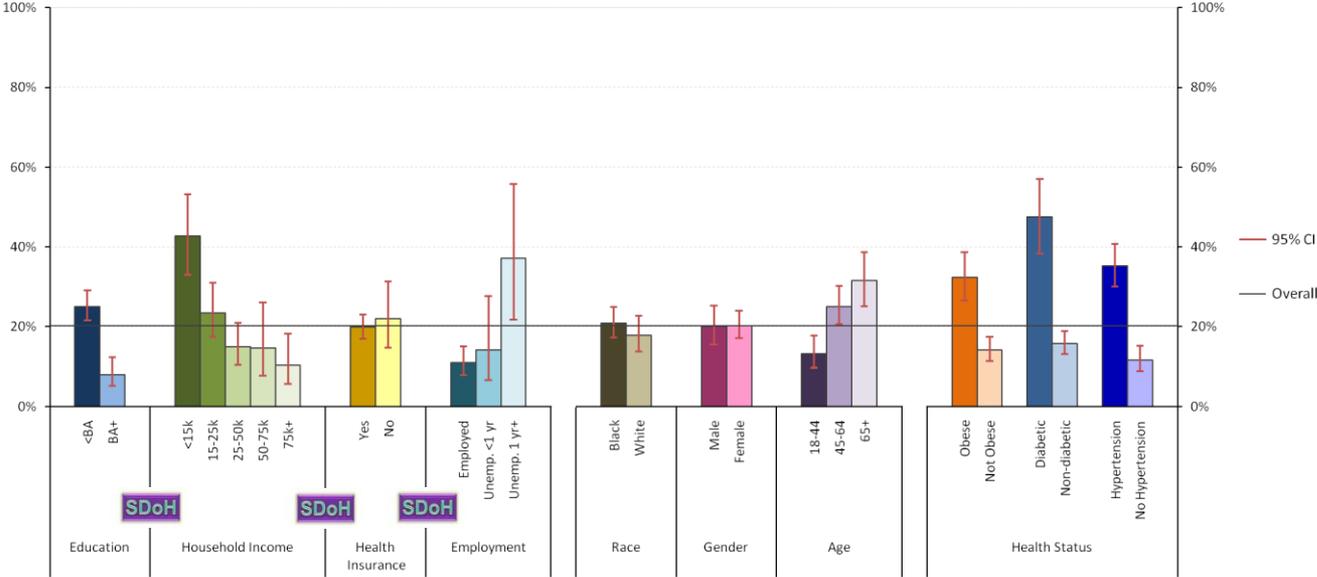
As demonstrated in the above graphic, there are large differences in SEP in Baltimore. The results of this survey were analyzed to show the magnitude of the impact that SEP has on health. Income and education are thus used here to capture the impact of social determinants on health. Throughout this report, you will see **SDoH** on the presented data to indicate where social determinants are shaping health inequities in Baltimore.

General Health Status

Key Highlights

- 20% of all respondents reported being in 'fair' or 'poor' health
- Those with less than a BA degree were 3 times more likely than those with a BA or higher to report being in 'fair' or 'poor' health
- Those of the lowest income group were 4 times more likely than those of the highest income group to report being in 'fair' or 'poor' health
- Those with a chronic health condition were 2 to 3 times more likely than those without a chronic health condition to report being in 'fair' or 'poor' health

Percent of respondents who felt their overall health was "fair" or "poor"

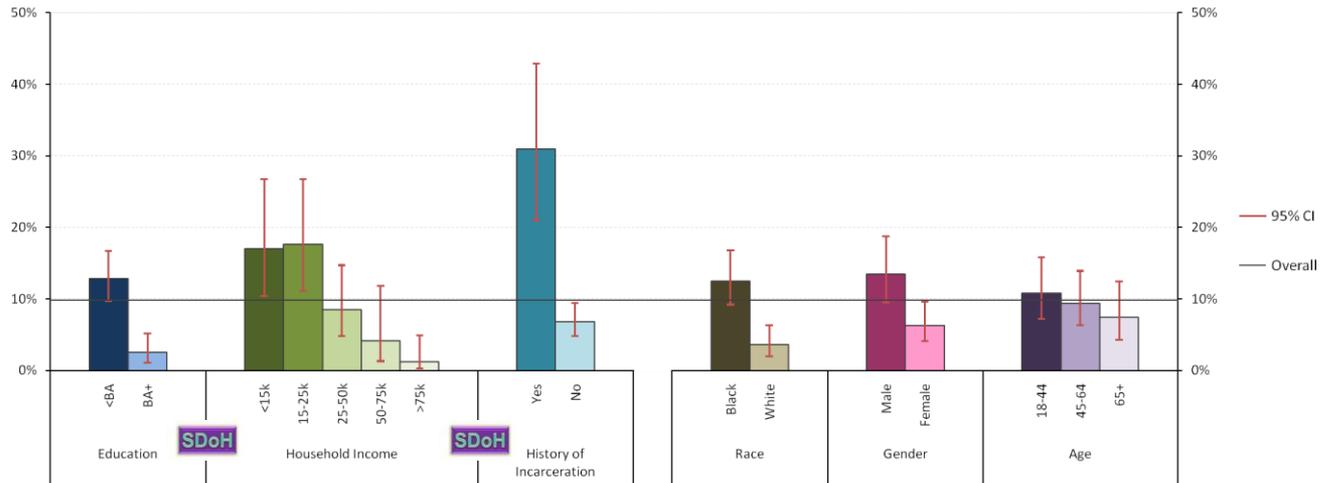


Key Highlights

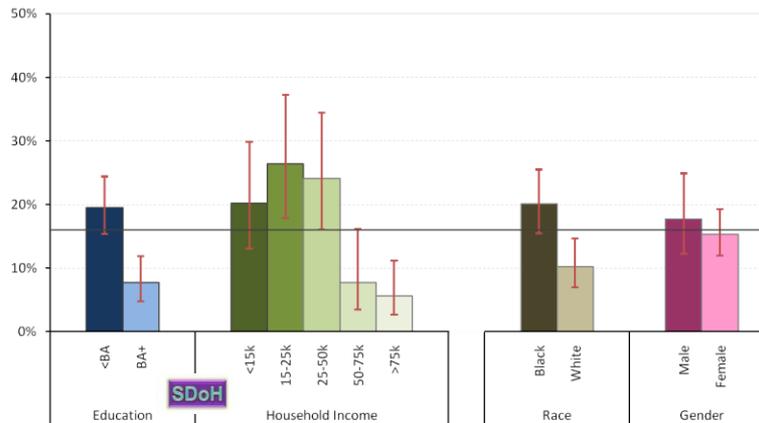
- 10% of respondents reported feeling that their neighborhood is 'very dangerous'
- Those of the lowest income group were 14 times more likely than those of the highest income group to report their neighborhood as 'very dangerous'
- Black respondents were 3 times more likely than Whites to report their neighborhood as 'very dangerous'
- 16% of respondents reported seeing signs of roaches in their homes, while 37% reported seeing signs of mice/rats
- Those of the lowest income group were 3.5 times more likely than those in the highest income group to report seeing signs of roaches
- Only 47% of respondents reported having a CO detector in their home

Healthy Homes and Communities

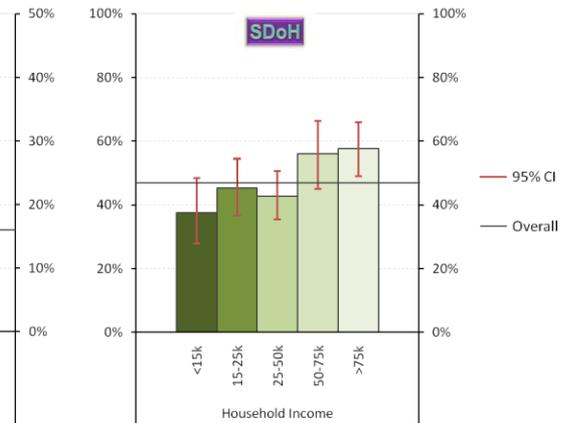
Percent of respondents who felt their neighborhood was very dangerous



Percent of respondents who reported seeing evidence of roaches in their household



Percent of respondents with CO detectors in their household

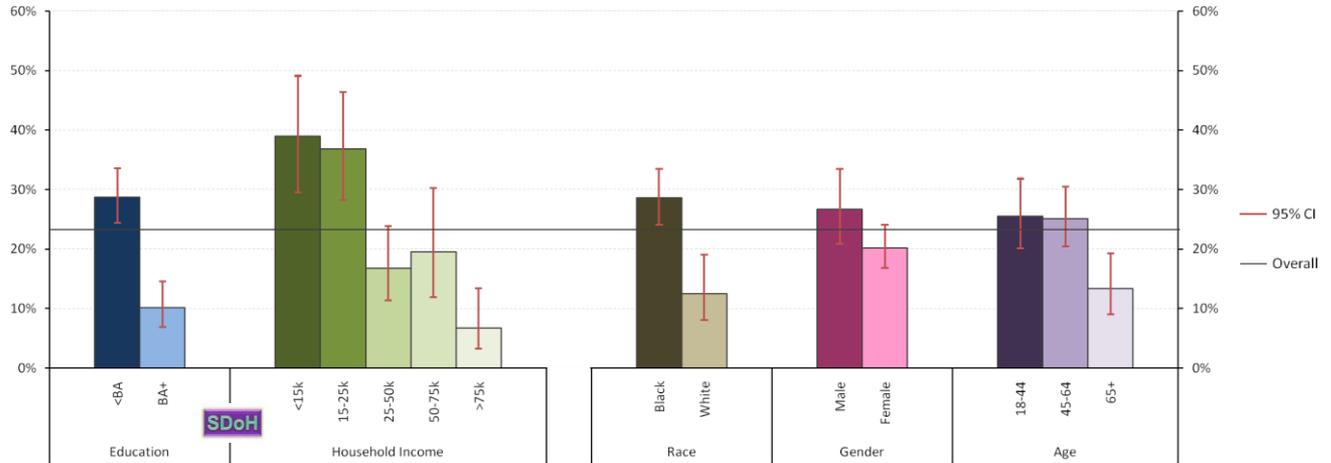


Key Highlights

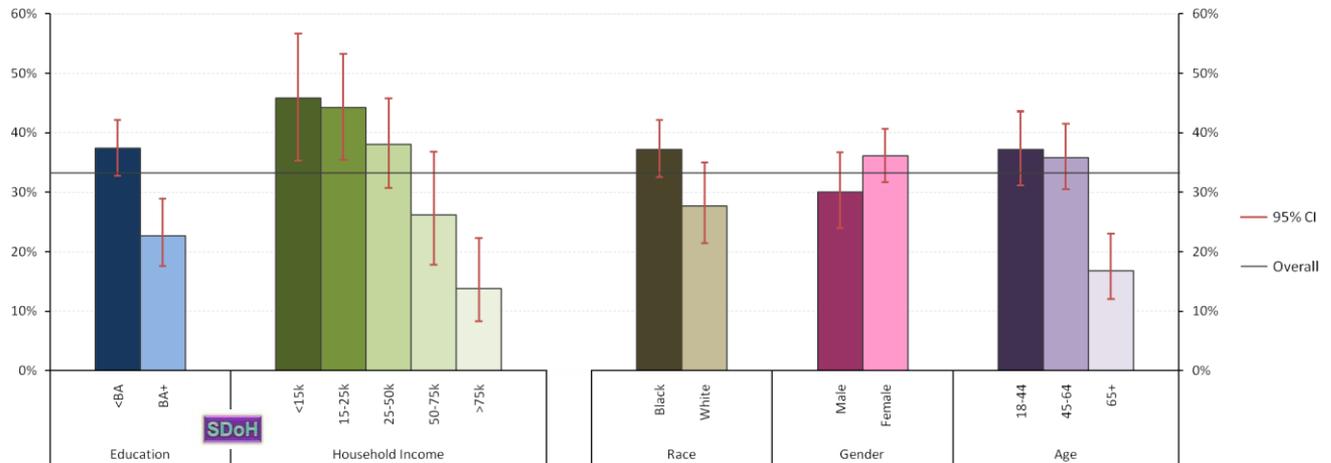
- 23% of respondents reported having concerns about having enough food
- Those of the lowest income group were almost 6 times more likely than those of the highest income group to report concerns about having enough food
- Black respondents were 2 times more likely than Whites to report concerns about having enough food
- 33% of respondents reported having had trouble paying their heating bill
- Those of the lowest income group were 3 times more likely than those in the highest income group to report having had trouble paying their heating bill
- Among those who reported having trouble paying their heating bill, 20% reported that they 'don't know' who to contact for help

Food and Energy Security

Percent of respondents who reported concerns about having enough food within past 30 days



Percent of respondents who reported having trouble paying their heating bill within past 3 years

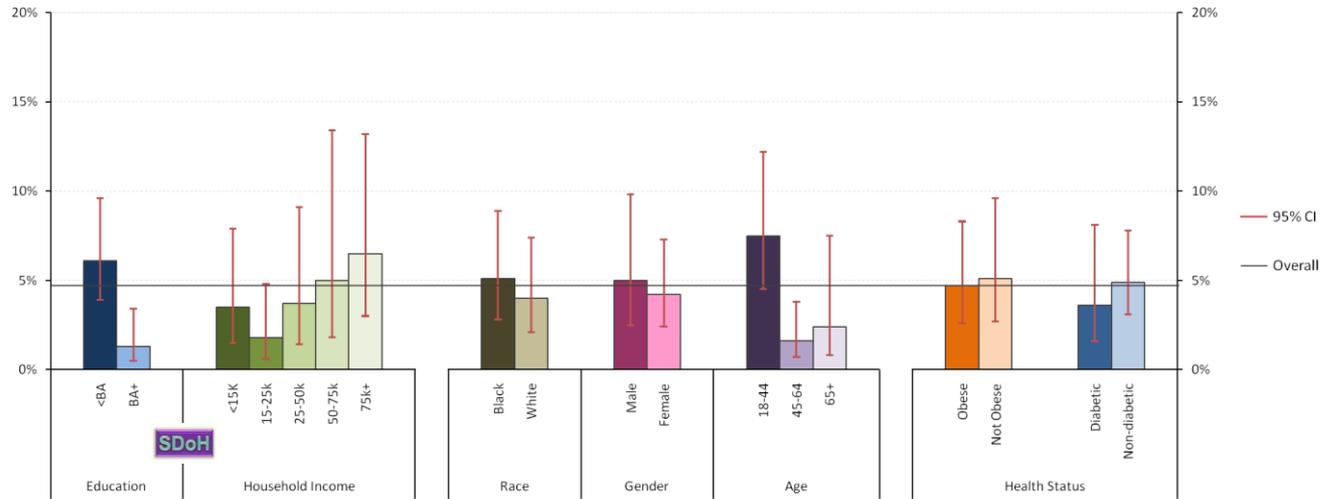


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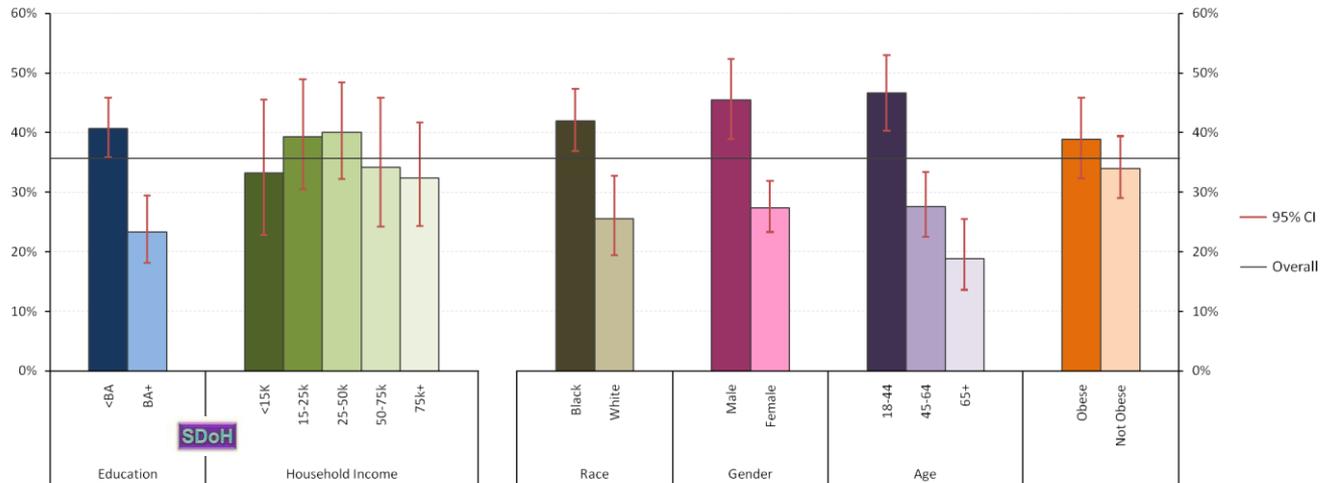
- 5% of respondents reported eating 'very unhealthy' in the last week
- Those with less than a BA degree were 3 times more likely than those with a BA or higher to report eating 'very unhealthy' in the last week
- 36% of respondents reported eating fast food at least once per week
- Men were 66% more likely than women to report eating fast food at least once per week
- Those with less than a BA degree were 75% more likely than those with a BA or higher to report eating fast food at least once per week
- Those ages 18-44 were more likely than older age groups to report eating fast food at least once per week

Health Behaviors: Food

Percent of respondents who reported they ate very unhealthy last week



Percent of respondents who reported eating fast food at least once per week

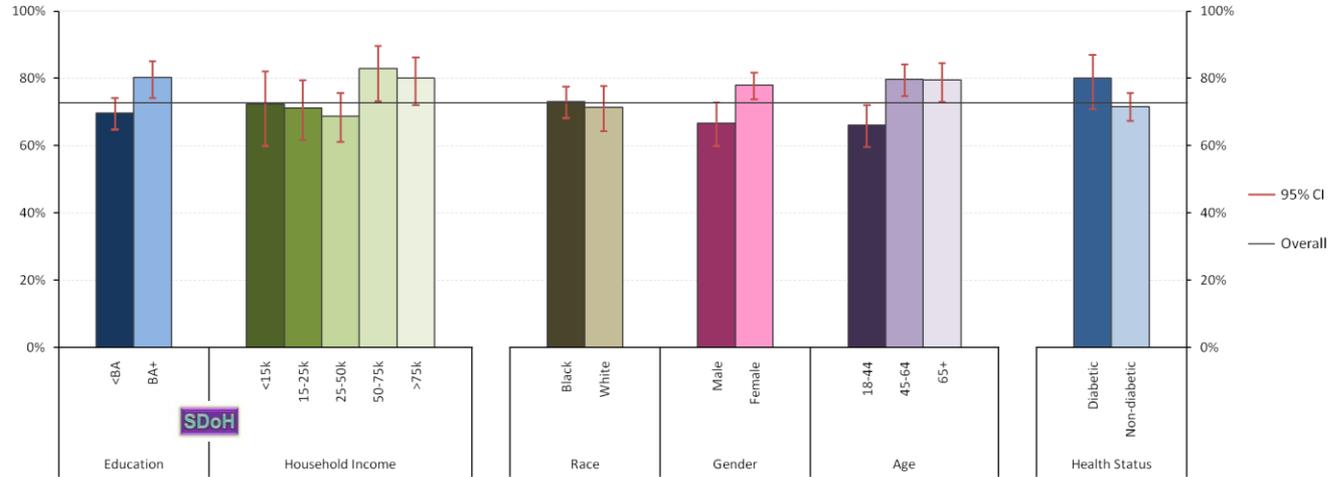


Key Highlights

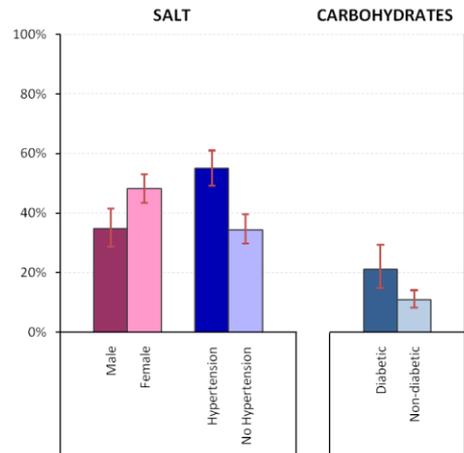
- 73% of respondents reported reading nutritional labels 'always' (30%) or 'sometimes'
- 42% all of respondents reported checking labels for salt, with women more likely to check than men
- Only 55% of those with high blood pressure reported checking for salt
- Just 36% of diabetics reported checking for sugar, and only 21% reported checking for carbohydrates
- 39% of all respondents reported checking for calories, while 43% reported checking for fat
- Only 13% of all respondents reported checking for cholesterol
- The most commonly reported barriers to eating more healthy were expense (18%), time (15%), and taste (14%)

Health Behaviors: Food

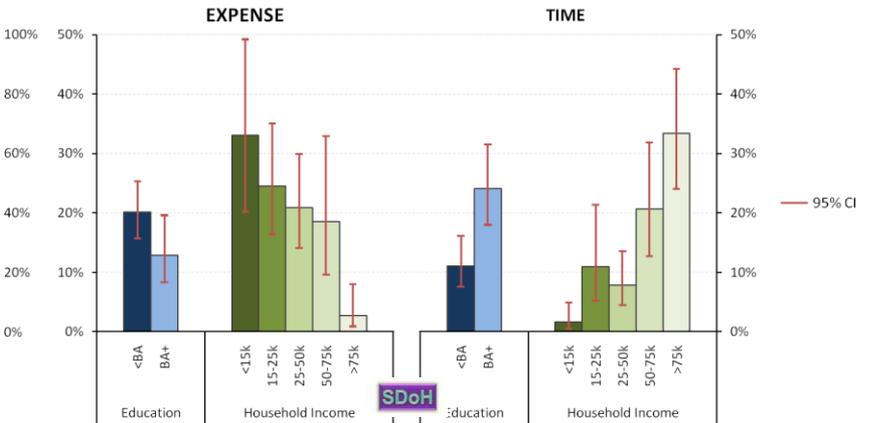
Percent of respondents who reported reading the nutritional content of food "always" or "sometimes"



Percent of respondents who reported reading the following nutritional content



Percent of respondents who reported the following as barriers to healthy eating

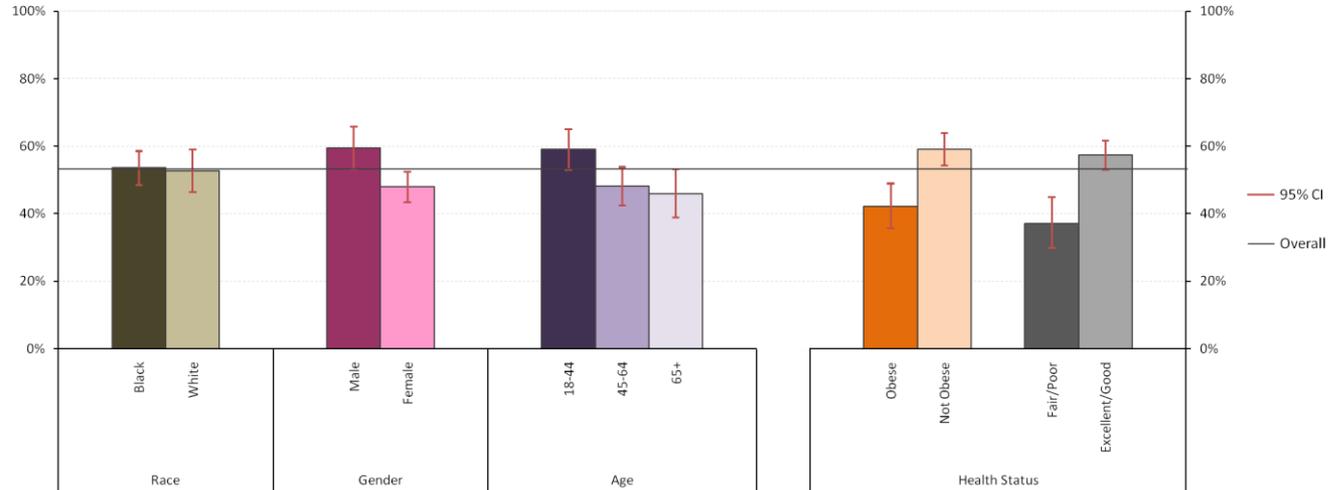


Key Highlights

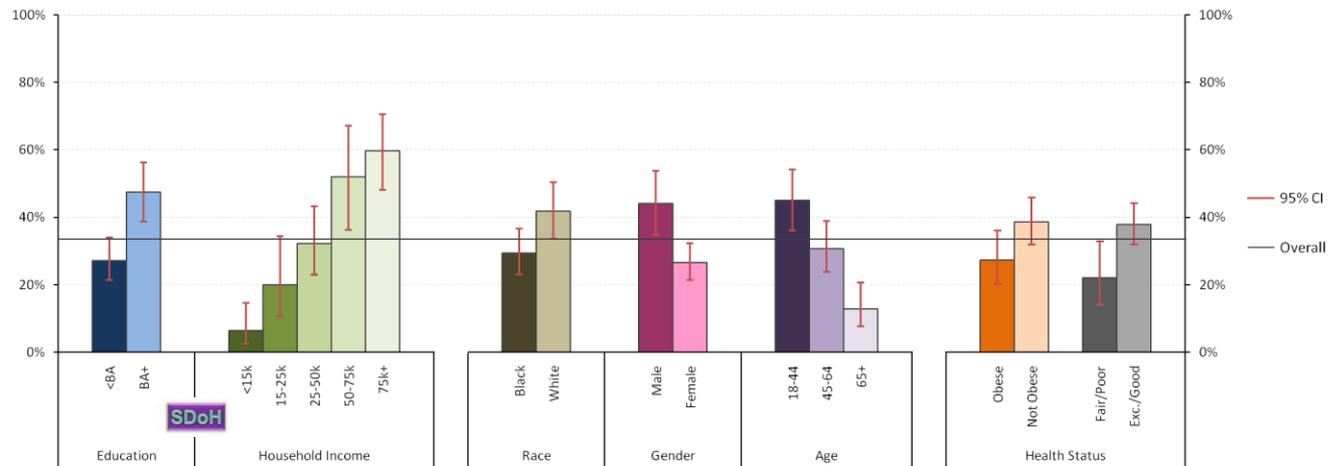
- 53% of respondents reported fully meeting physical activity (PA) recommendations, with men slightly more likely to report meeting recommendations than women
- Those who are obese or in fair/poor health were less likely than those not obese or in fair/poor health to report fully meeting PA recommendations
- The most commonly reported barriers to meeting PA recommendations were time (34%), motivation (24%), and having an injury or disability (17%)
- Those of the highest income group were almost 10 times more likely than those of the lowest income group to report time as a barrier to PA
- Those of the lowest income group were over 3 times more likely than those of the highest income group to report having an injury or disability as a barrier to PA

Health Behaviors: Physical Activity

Percent of respondents who reported meeting recommendations for physical activity for every week of past month



Percent of respondents who reported time as a barrier to achieving recommended amounts of physical activity

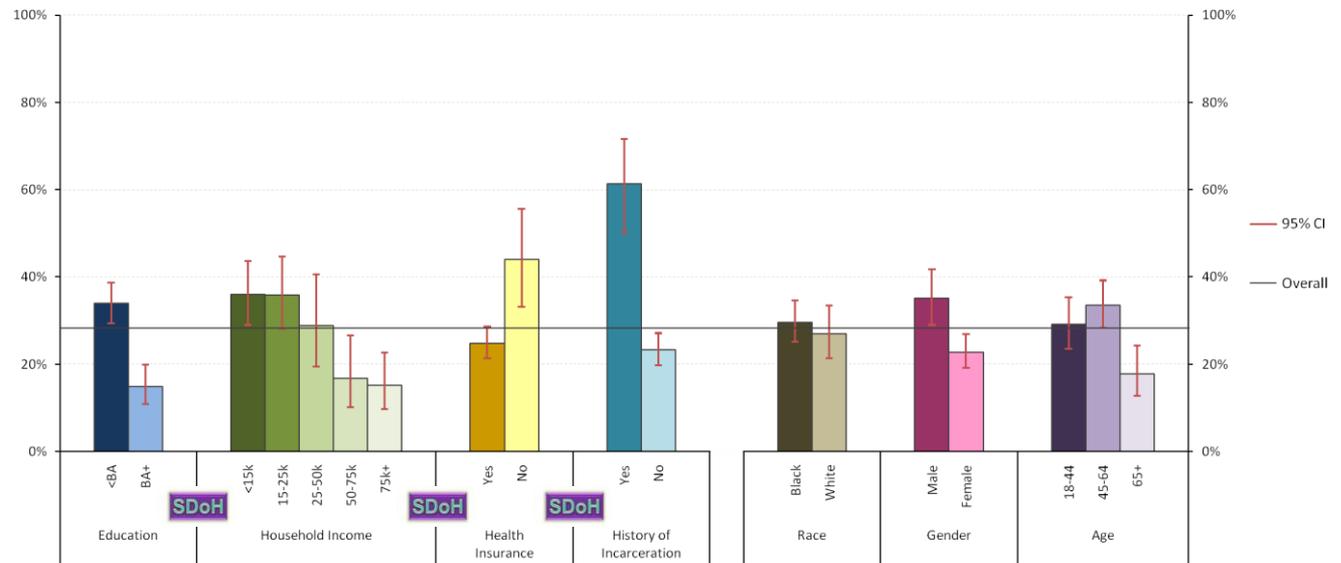


Health Behaviors: Smoking

Key Highlights

- 28% of respondents reported being current smokers, with men 54% more likely to be current smokers than women
- Those of the lowest income group were 2.4 times more likely than those of the highest income group to report being current smokers
- 61% of those with a history of incarceration reported being current smokers, which is 2.5 times the rate for those without an incarceration history

Respondents who reported current smoking
(smoked more than 100 cigs in life AND smoke some days or every day currently)

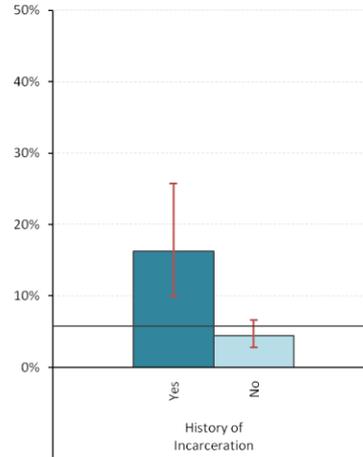


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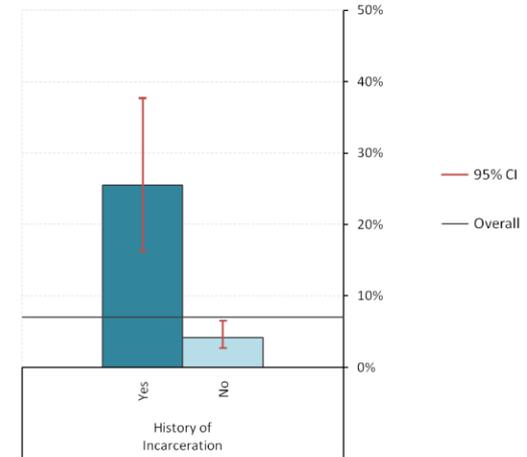
- 6% of all respondents reported that someone in their household had an alcohol problem. That number was 16% for households where the respondent had a history of incarceration
- 7% of all respondents reported that someone in their household had a drug problem. That number was 26% for households where the respondent had a history of incarceration
- There were no differences in reported alcohol/drug abuse problems by respondent education, income, gender, or race
- 27% of all respondents reported that they don't know who they would contact for help with alcohol/drug problems
- Among respondents who reported someone in their household having a drug/alcohol problem, over 30% said they didn't know who to contact for help

Health Behaviors: Substance Abuse

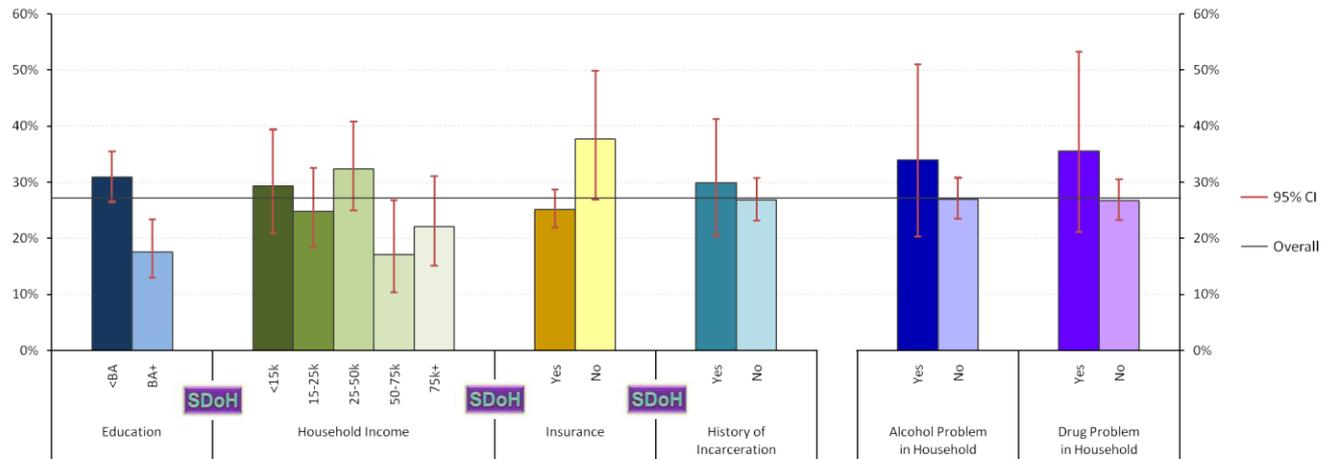
Has there been anyone in your household with an alcohol problem in the last 12 months?



Has there been anyone in your household with a drug problem in the last 12 months?



Percent of respondents who reported they wouldn't know who to contact for advice on substance abuse problems

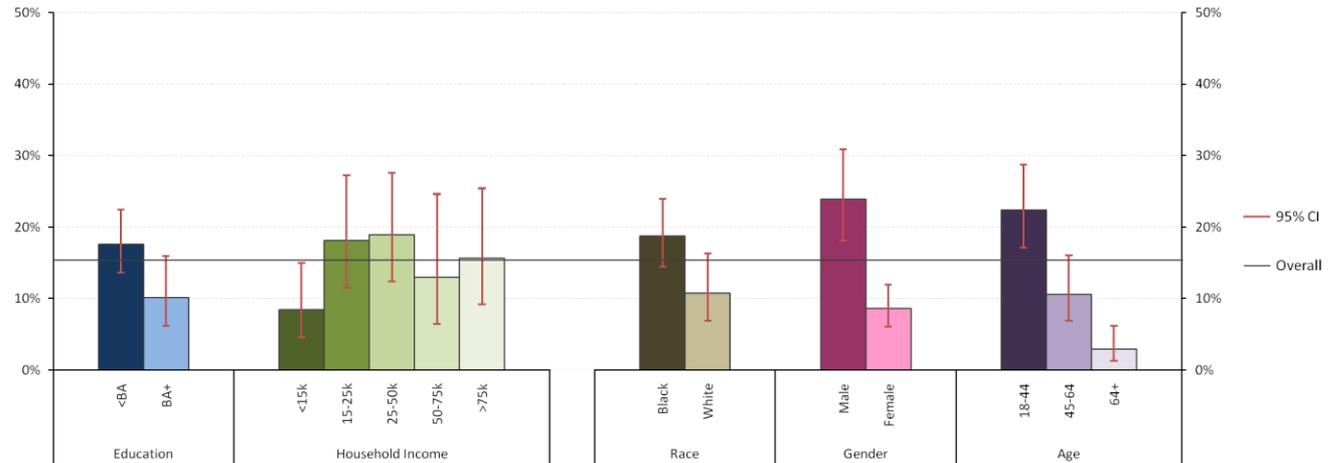


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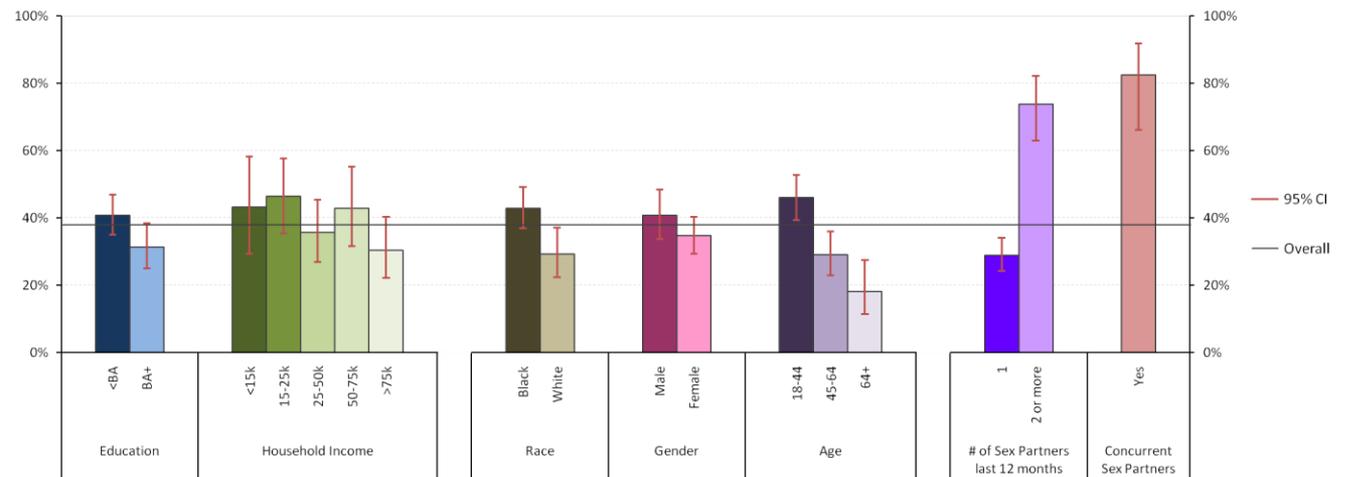
- 15% all of respondents reported that they had 2 or more sex partners in the last 12 months, with men almost 3 times more likely to report having multiple partners than women
- 38% all of respondents reported that they or their partner used a condom the last time they had sex
- Those with 2 or more sex partners in the last 12 months were 2.5 times more likely than those with 1 partner to report that they or their partner used a condom the last time they had sex
- 80% of those with concurrent sex partners reported that they or their partner used a condom the last time they had sex

Health Behaviors: Condom Use

Percent of respondents who reported having 2 or more sexual partners during the last 12 months



Percent of respondents who reported that they or their partner had used a condom the last time they had sex

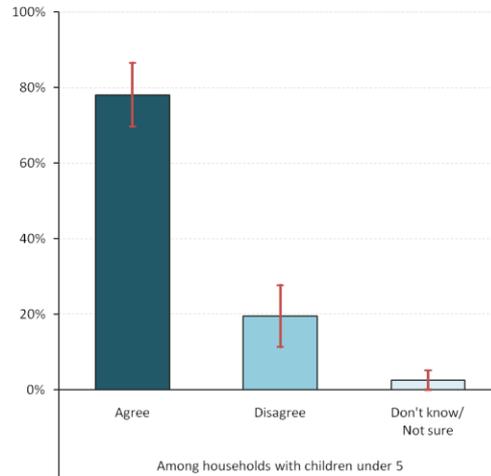


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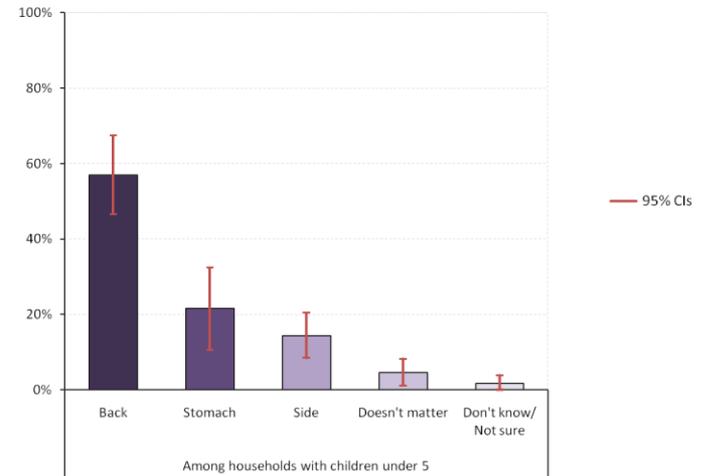
- Among households with children under 5, just 57% of respondents correctly identified that babies younger than 12 months should be put to sleep on their backs
- Among all households, respondents with less than a BA were less likely to identify safe sleep position than respondents with a BA or higher
- Among households with children under 5, 78% of respondents agreed that it is not safe for babies younger than 12 months to share beds with other children or adults
- Among households with children under 5, 67% of respondents said that it is 'very important' to breastfeed for the first 6 months of baby's life
- Among all households, respondents with less than a BA were less likely than respondents with a BA or higher to say that it is 'very important' to breastfeed for the first 6 months of a baby's life

Health Behaviors: Maternal and Child Health

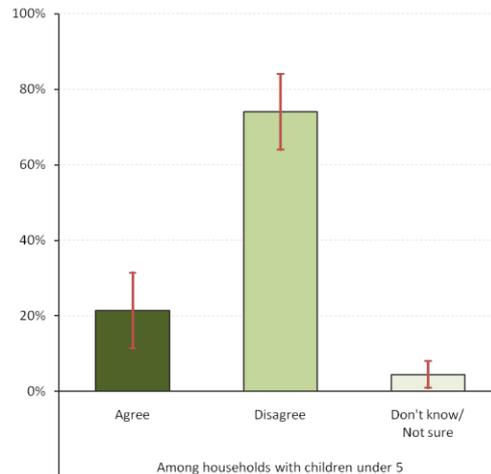
Agree or disagree? It is not safe for babies who are younger than 12 months of age to sleep in beds with other children or adults.



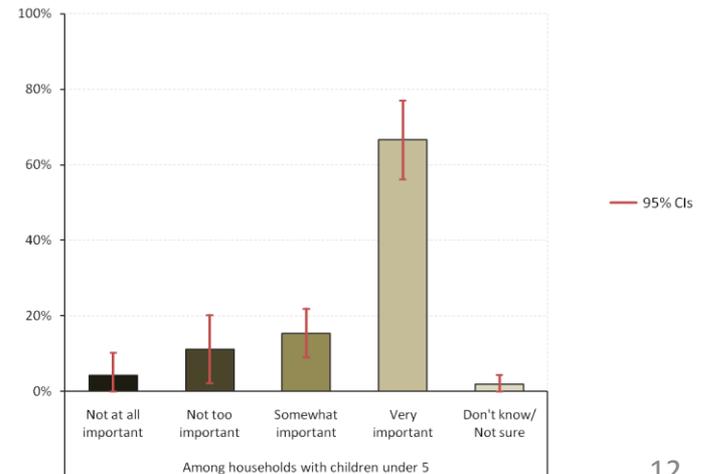
Do you think babies who are younger than 12 months of age should be put to sleep on their back, stomach, or side, or does it not matter?



Agree or disagree? It is safe for babies who are younger than 12 months of age to be put to sleep in places other than a crib.



How important is breastfeeding during the first 6 months of a baby's life?

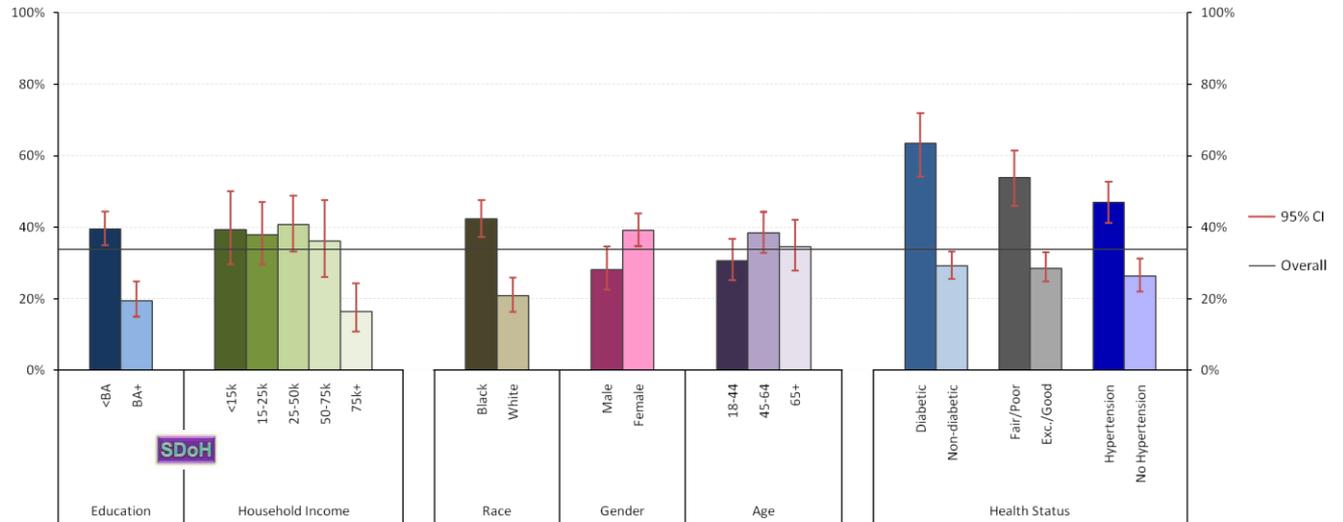


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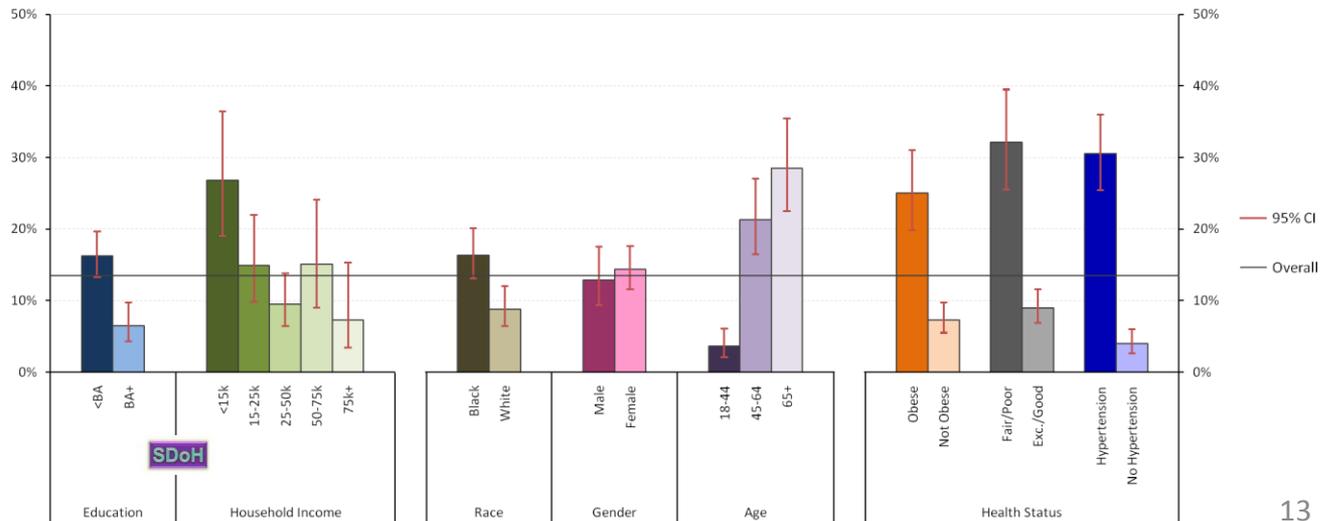
- 34% of respondents reported being obese, with women 36% more likely than men to report so
- 67% of respondents with diabetes reported being obese, along with 47% of those with hypertension, and 54% of those in fair/poor health
- Those of the lowest income group were 2.4 times more likely than those of the highest income group to report being obese
- 14% of respondents reported having diabetes, with Blacks 85% more likely than Whites to report so
- 31% of respondents with hypertension reported having diabetes, along with 25% of the obese, and 32% of those in fair/poor health
- Those of the lowest income group were 3.7 times more likely than those in the highest income group to report having diabetes

Chronic Health Conditions: Obesity and Diabetes

Percent of respondents who are obese based on reported height and weight



Percent of respondents who reported being diagnosed with diabetes

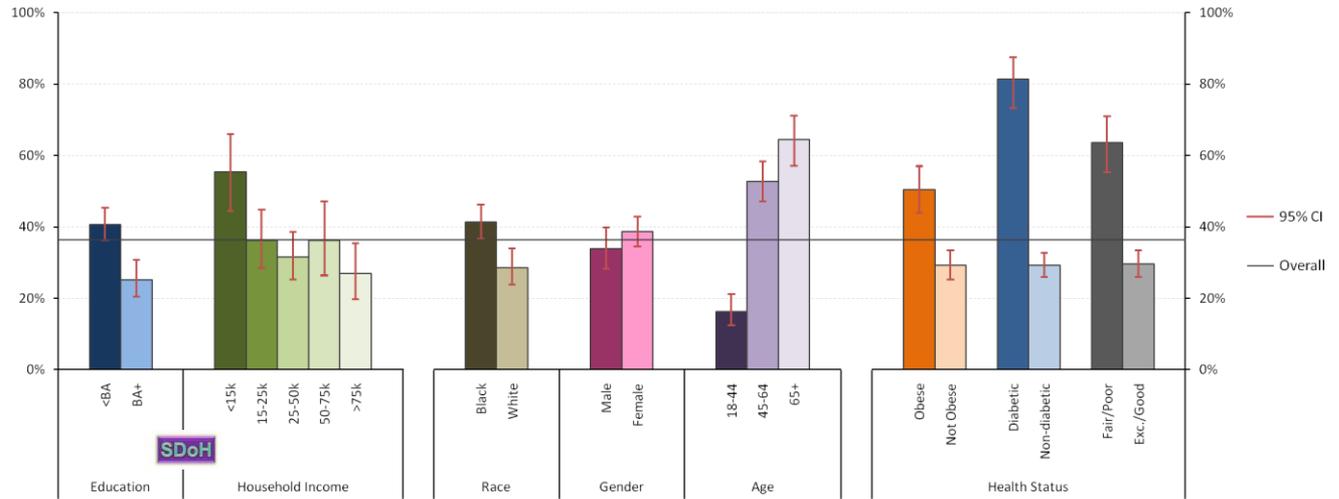


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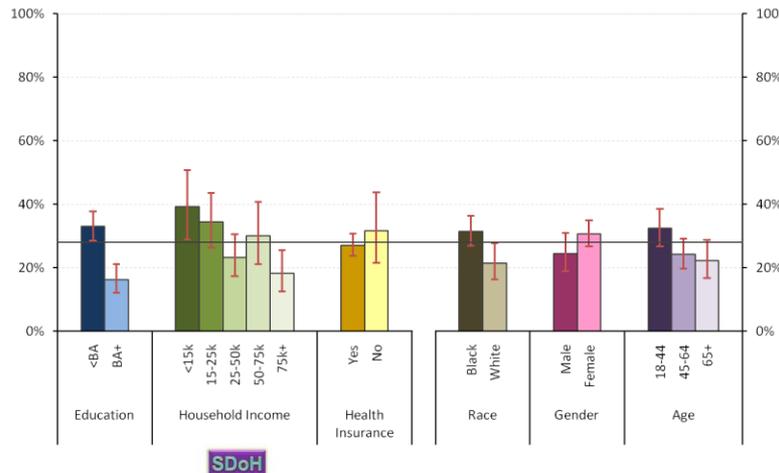
- 36% of respondents reported having hypertension, with Blacks 44% more likely than Whites to report so
- 81% of respondents with diabetes reported having hypertension, along with 50% of the obese, and 64% of those in fair/poor health
- Those of the lowest income group were 2 times more likely than those of the highest income group to report having hypertension
- 28% of respondents reported that someone in their household has asthma
- Those of the lowest income group were over 2 times more likely than those in the highest income group to report that someone in their household has asthma
- Among households that have someone with asthma living in them, 22% have roaches, 39% have mice/rats, and 33% have a current smoker

Chronic Health Conditions: Hypertension and Asthma

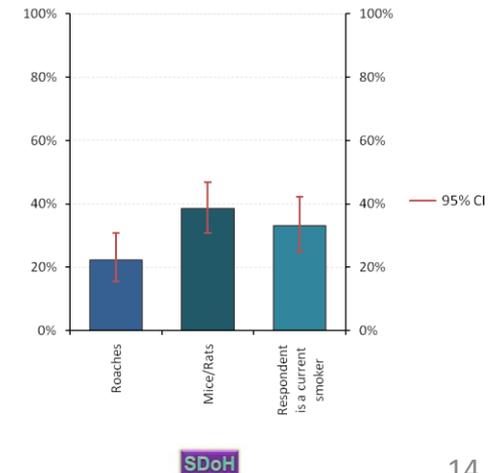
Percent of respondents who reported being diagnosed with hypertension



Percent of respondents who reported someone with asthma living in their household



Among households reporting asthma, percent of respondents reporting presence of asthma triggers

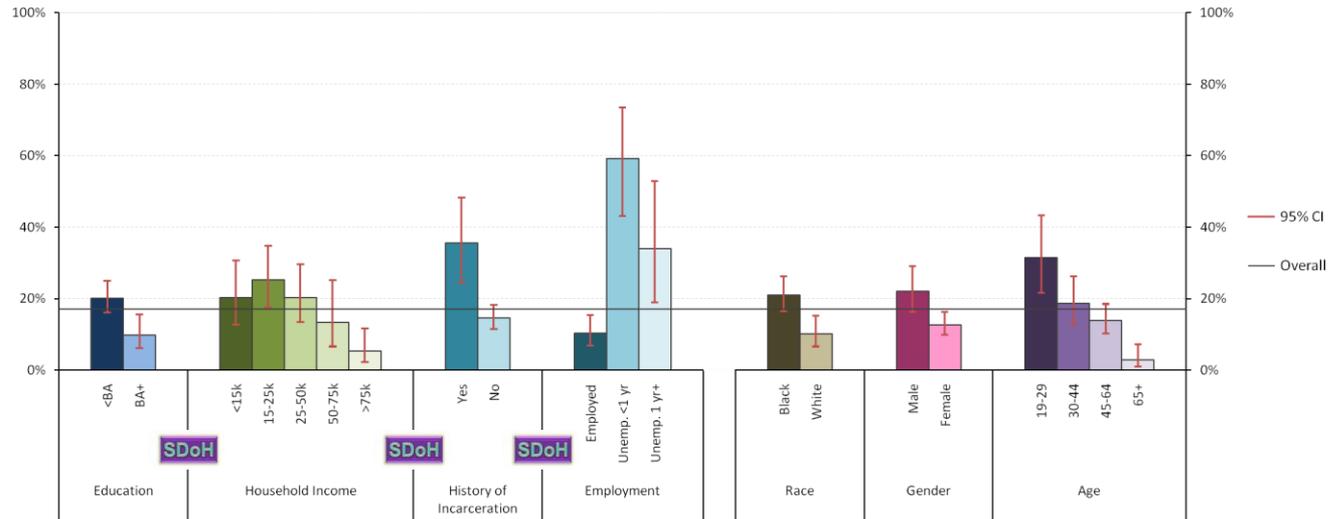


Key Highlights

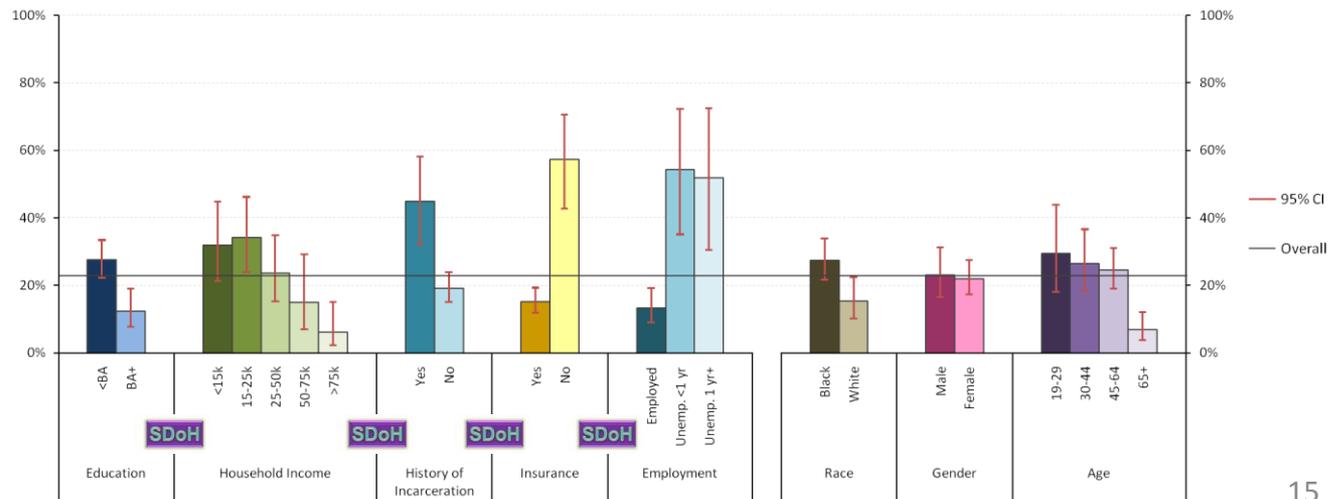
- 17% of respondents reported being uninsured, with men 74% more likely than women to report so. Blacks were 2 times more likely than Whites to report being uninsured
- Those of the lowest income group were 3.8 times more likely than those of the highest income group to report being uninsured
- 28% of respondents with a history of incarceration reported being uninsured, as did 8% of those with diabetes, and 14% of those with hypertension
- 23% of all respondents reported having had unmet health care needs in the previous 12 months
- Among respondents *with insurance*, those of the lowest income group were 25 times more likely than those of the highest income group to report having had unmet health care needs

Health Care

Percent of respondents who reported not having health insurance



Percent of respondents who reported not being able to get needed medical care in the last 12 months

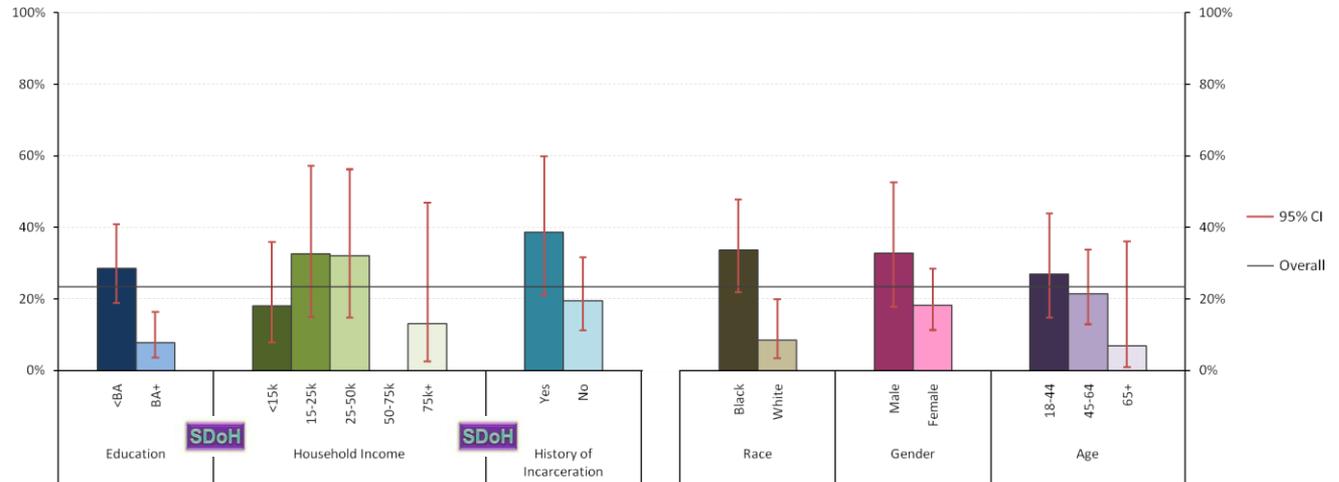


Key Highlights

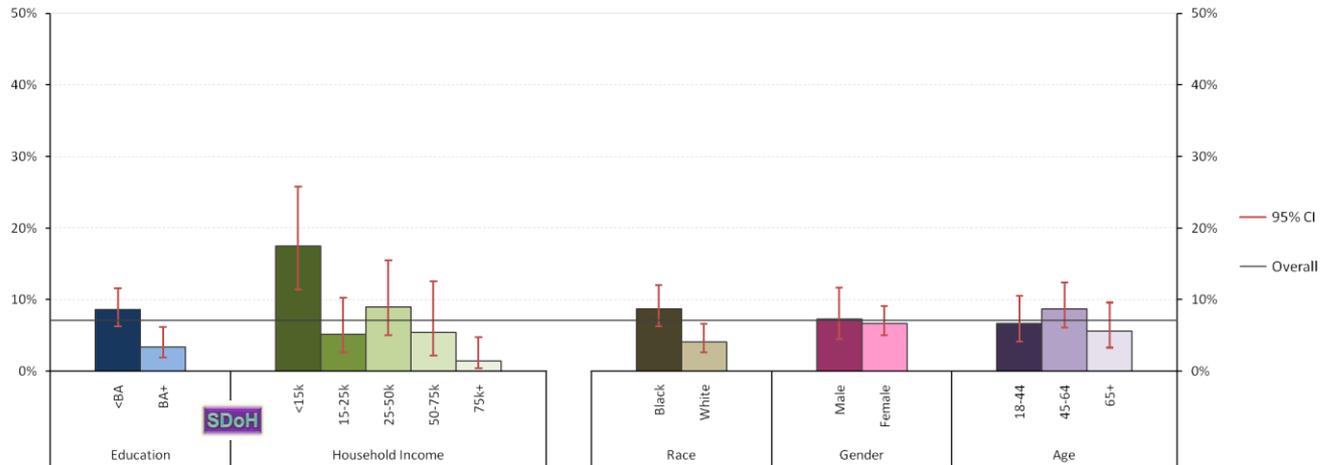
- 14% of all respondents reported needing mental health care in the previous 12 months. Among this 14%, 23% reported having had unmet mental health care needs
- Black respondents were 4 times more likely than Whites to report having had unmet mental health care needs
- Among those with unmet needs, the most commonly reported barriers to getting mental health care were costs (41%), not having insurance (11%), and not knowing who to contact (5%)
- Respondents with less than a BA were more likely than those with a BA or higher to report not knowing who to contact for help as a barrier. Also, 5% of Blacks reported not knowing who to contact for help as a barrier, compared to 0% of Whites
- 7% of respondents reported feeling socially isolated, with those of the lowest income level were 12.5 times more likely than those of highest income level to report so

Mental Health Care and Social Isolation

Percent of respondents who reported not being able to get needed mental health care



Percent of respondents who reported feeling socially isolated, based on a three-item scale



Glossary and Notes



Contact:

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- **Education (social determinants of health)** – Respondents were categorized into those with less than a four-year college degree, “<BA”, and those with a four-year college degree or higher, “BA+”.
- **History of incarceration (social determinants of health)** – Respondents were asked “Have you ever been incarcerated in a correctional facility, jail, prison, or detention center?” and were categorized into those who responded “Yes” and those who responded “No”.
- **Physical activity (health behaviors)** – Respondents were asked “Thinking about the past month, how many weeks did you get as much physical activity as is recommended?” The recommended amount was described to respondents as follows:

“Federal guidelines recommend 30 minutes of physical activity per day at least 5 days per week. Physical activity can occur through work or school, through walking or biking to work or school, as well as through exercising on purpose.”

- **Three-item social isolation scale (mental health)** – Respondents were asked the three following questions, and asked to reply with “hardly ever”, “some of the time”, or “often”:
 - “First, how often do you feel that you lack companionship?”
 - “How often do you feel left out?”
 - “How often do you feel isolated from others?”

“Hardly ever” replies were scored 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 regarded as “feeling socially isolated”.

