

# City of Baltimore Community Health Needs Assessment

CHNA COLLABORATIVE  
MEETING 5  
NOVEMBER 17, 2023





**Process and Timeline Review**

**Primary Data: Community Member Web Survey (Preliminary)**

**Primary Data: Key Leader Web Survey (Preliminary)**

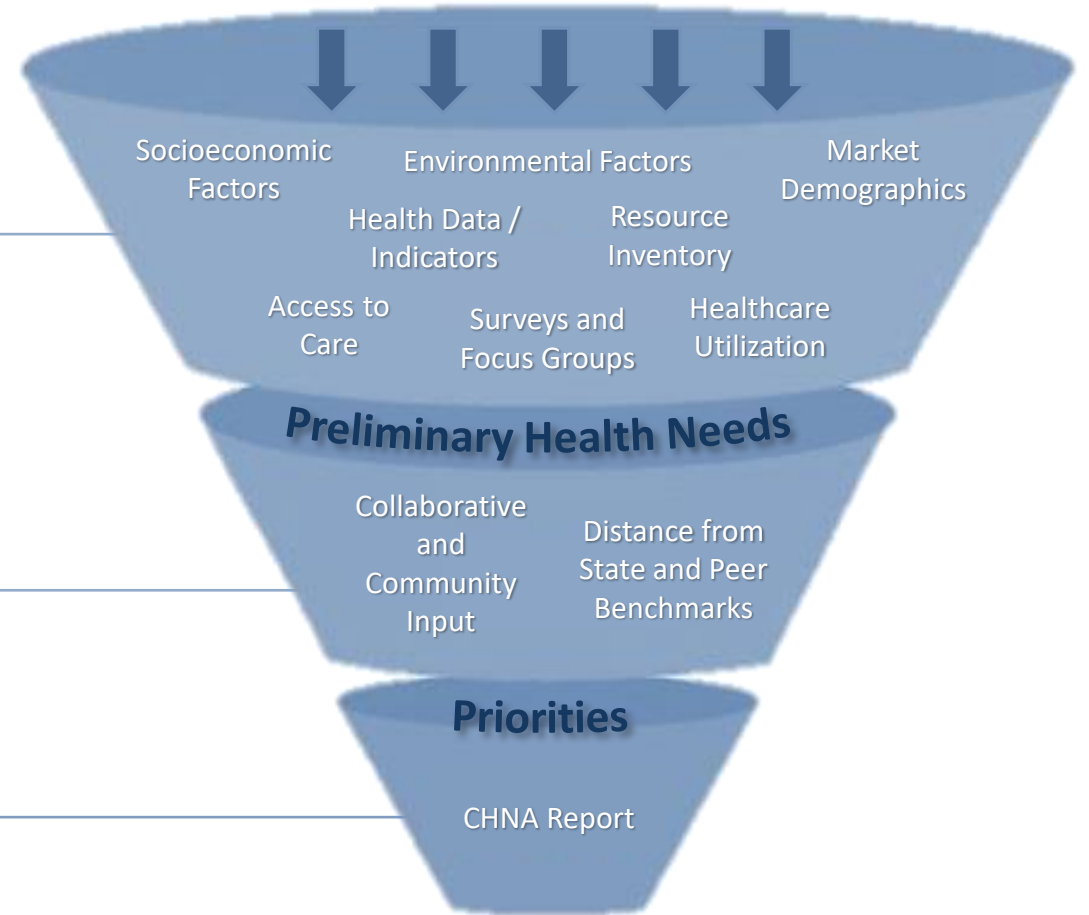
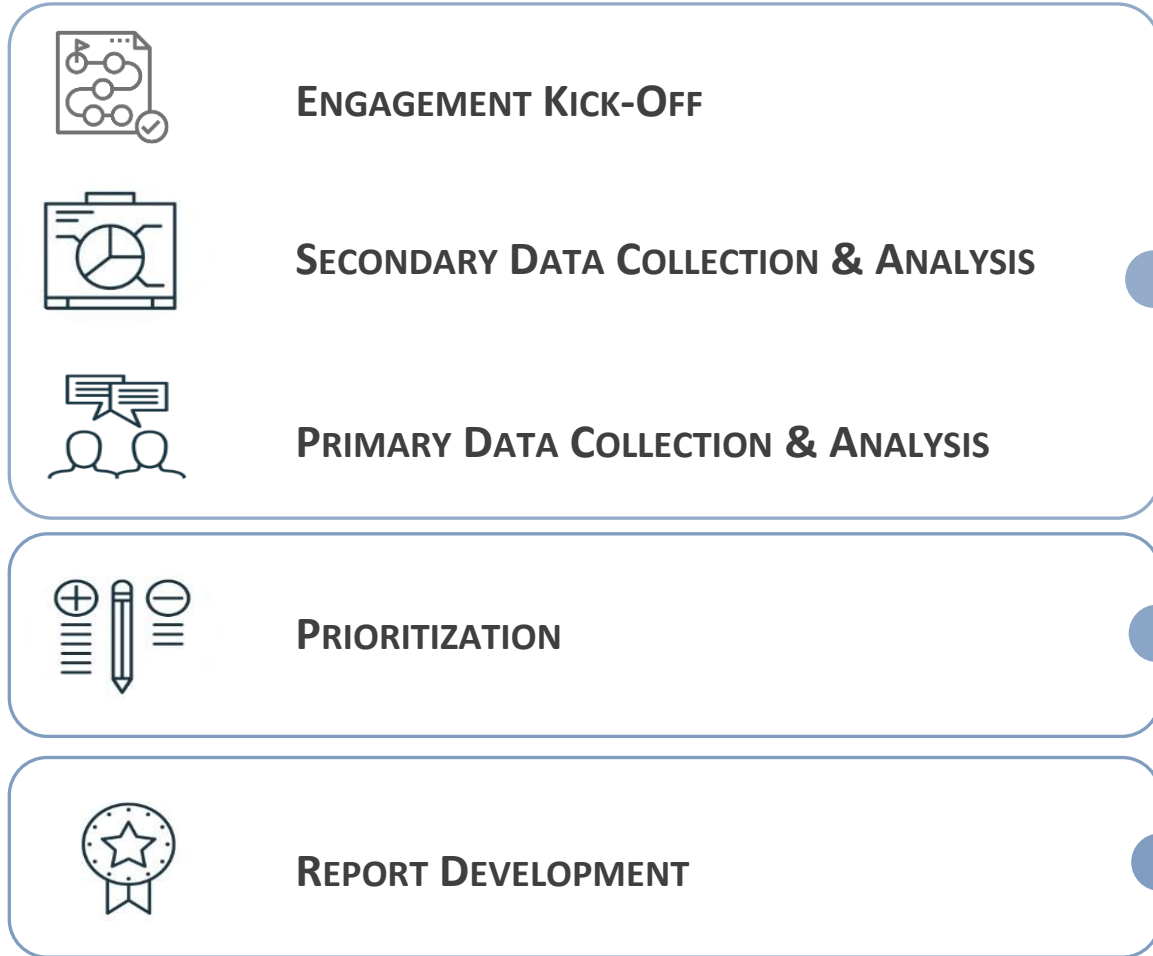
**Primary Data: Focus Groups**

**Next Steps & Discussion**



## Process and Timeline Review

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**ENGAGEMENT KICK-OFF**



***Collaborative Meetings***



**SECONDARY DATA COLLECTION & ANALYSIS**



**PRIMARY DATA COLLECTION & ANALYSIS**



**PRIORITIZATION**



**REPORT DEVELOPMENT**



**2023**





# Proposed Timeline

CHNA Collaborative Meeting	Meeting Date	Content	Status
Meeting 1	July 28	<ul style="list-style-type: none"><li>Process Kick-off</li></ul>	
Meeting 2	August 25	<ul style="list-style-type: none"><li>Final prep for surveys and focus groups</li><li>Community survey open until Nov 3</li><li>Key informant surveys: Sept 5 – Nov 3</li><li>Focus groups: October</li></ul>	
Meeting 3	September 22	<ul style="list-style-type: none"><li>Secondary data findings</li><li>Primary data status updates</li></ul>	
Meeting 4	October 27	<ul style="list-style-type: none"><li>Secondary data follow-up</li><li>Primary data status updates</li></ul>	
Meeting 5	November 17	<ul style="list-style-type: none"><li>Primary data findings</li></ul>	
Meeting 6	December 15	<ul style="list-style-type: none"><li>Prioritization</li></ul>	
Meeting 7	January 26	<ul style="list-style-type: none"><li>Community benefit meeting (non-CHNA topics)</li></ul>	
Meeting 8	February 23	<ul style="list-style-type: none"><li>Draft report edits and discussion</li></ul>	
Final CHNA Report: Mid-Late March			



# Review: Identified Needs by Secondary Data Source

Priority Area	Secondary Data Findings	Mercy Medical 2021	MedStar Health 2021	Kennedy Krieger 2022	Sheppard Pratt 2022	Alive! Maryland 2022	Baltimore Medical 2020	Healthy People 2030
Social Determinants of Health	✓	✓	✓	✓	✓	✓	✓	✓
Access to Health Care	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health and Behavioral Health/ Wellness	✓	✓	✓	✓	✓	✓	✓	
Health Equity		✓	✓	✓		✓	✓	✓
Substance Use	✓	✓	✓		✓		✓	
Health Literacy and Communication		✓	✓	✓	✓	✓	✓	✓
Specialty Care		✓	✓	✓		✓		
Childhood Support	✓	✓		✓			✓	
Chronic Disease	✓	✓	✓				✓	
Sexual Health	✓	✓				✓	✓	
Primary Care		✓	✓			✓	✓	
Obesity/Diabetes/Fitness/Nutrition	✓		✓				✓	
Staffing Support				✓	✓	✓		
Infant and Maternal Health	✓	✓					✓	



**Focus Groups**



**Key Leader Web  
Survey**



**Community Web  
Survey**





# Primary Data Findings

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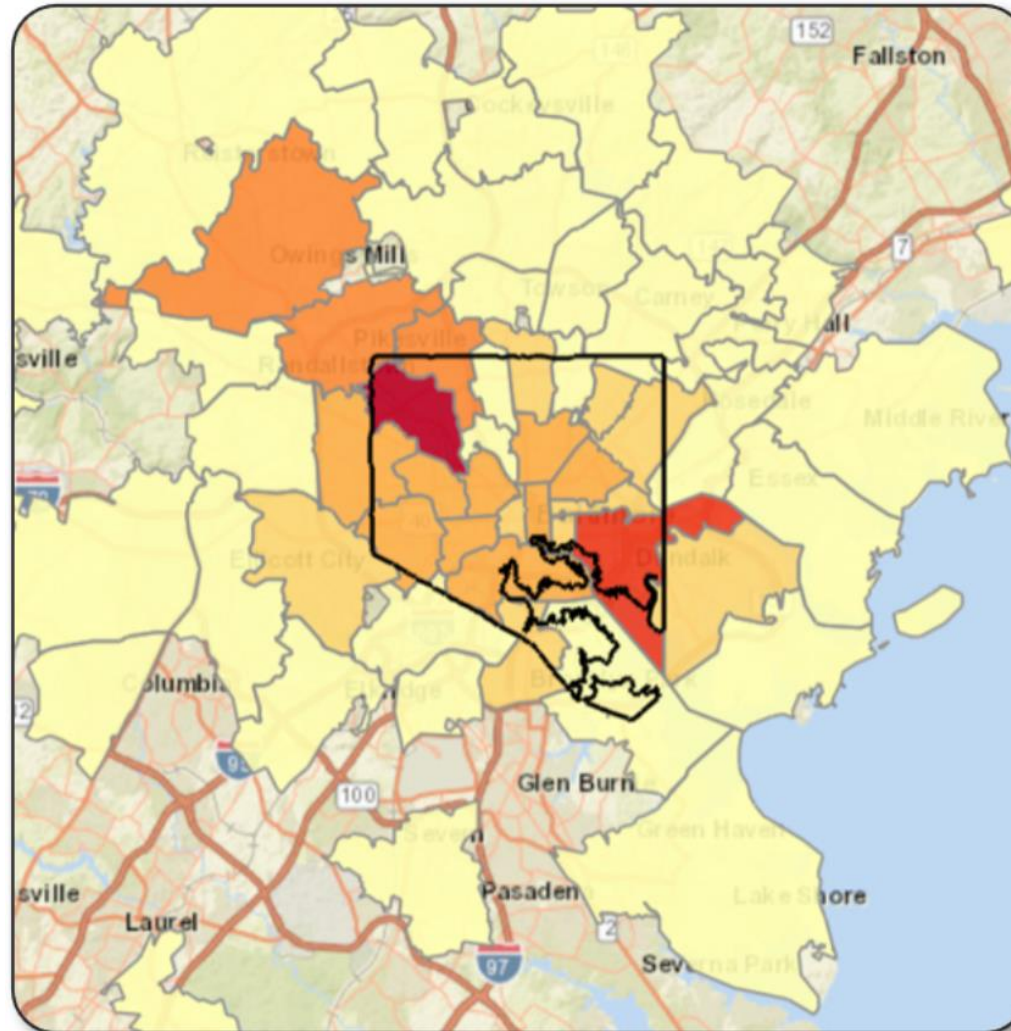
Community Survey: Overview & Profile of Respondents



- Survey status
  - Committee members began distributing the survey on August 7<sup>th</sup>.
  - The Community Member survey will remain open until November 17<sup>th</sup>.
  - For the purposes of this discussion, 1,908 responses received before November 7<sup>th</sup> are presented as preliminary results.
- In general, survey questions focused on:
  - Community health problems and concerns
  - Community social/environmental problems and concerns
  - Access to care
    - Location of care
    - Telehealth
    - Pediatric care
- Surveys were available in English and Spanish.
- 13% of surveys were completed in Spanish.



Consistent with one of the survey process goals, survey community member respondents were representative of a broad geographic area encompassing areas throughout the city. Respondents from outside the city borders were also numerous.



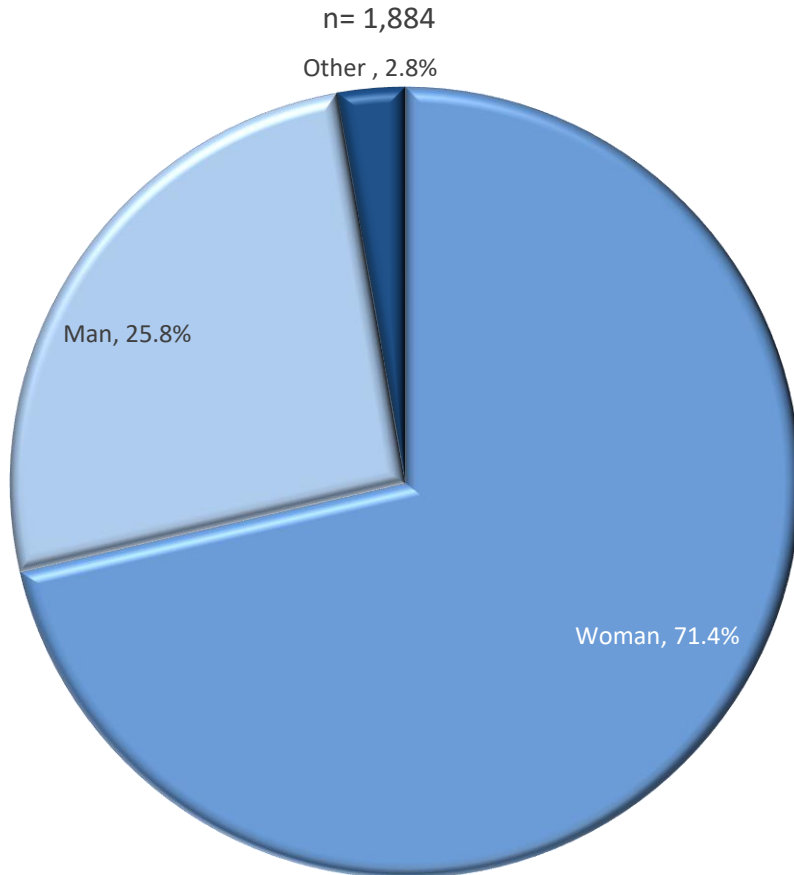
Respondents per Zip Code



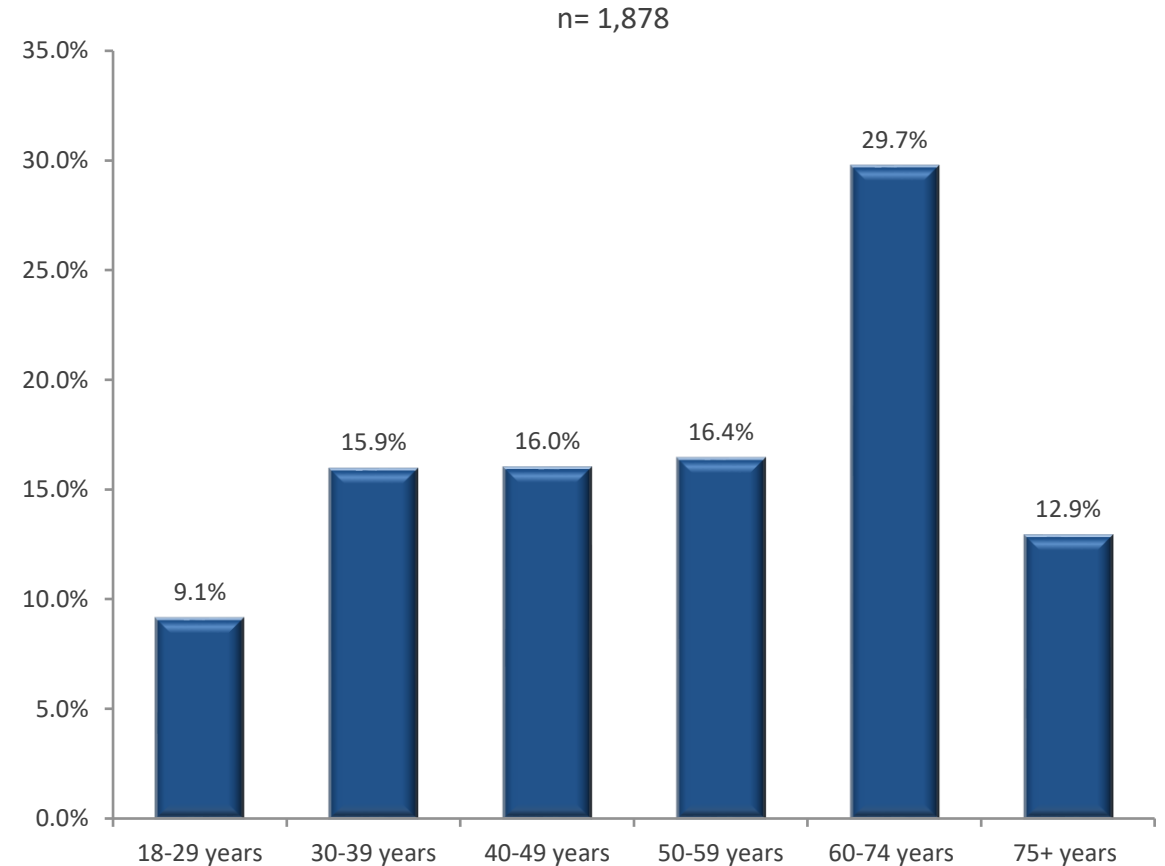


Almost three-quarters of respondents identified as female, and the largest represented age group was 60-74 years.

**What term best expresses how you describe your gender identity?**



**What is your age?**

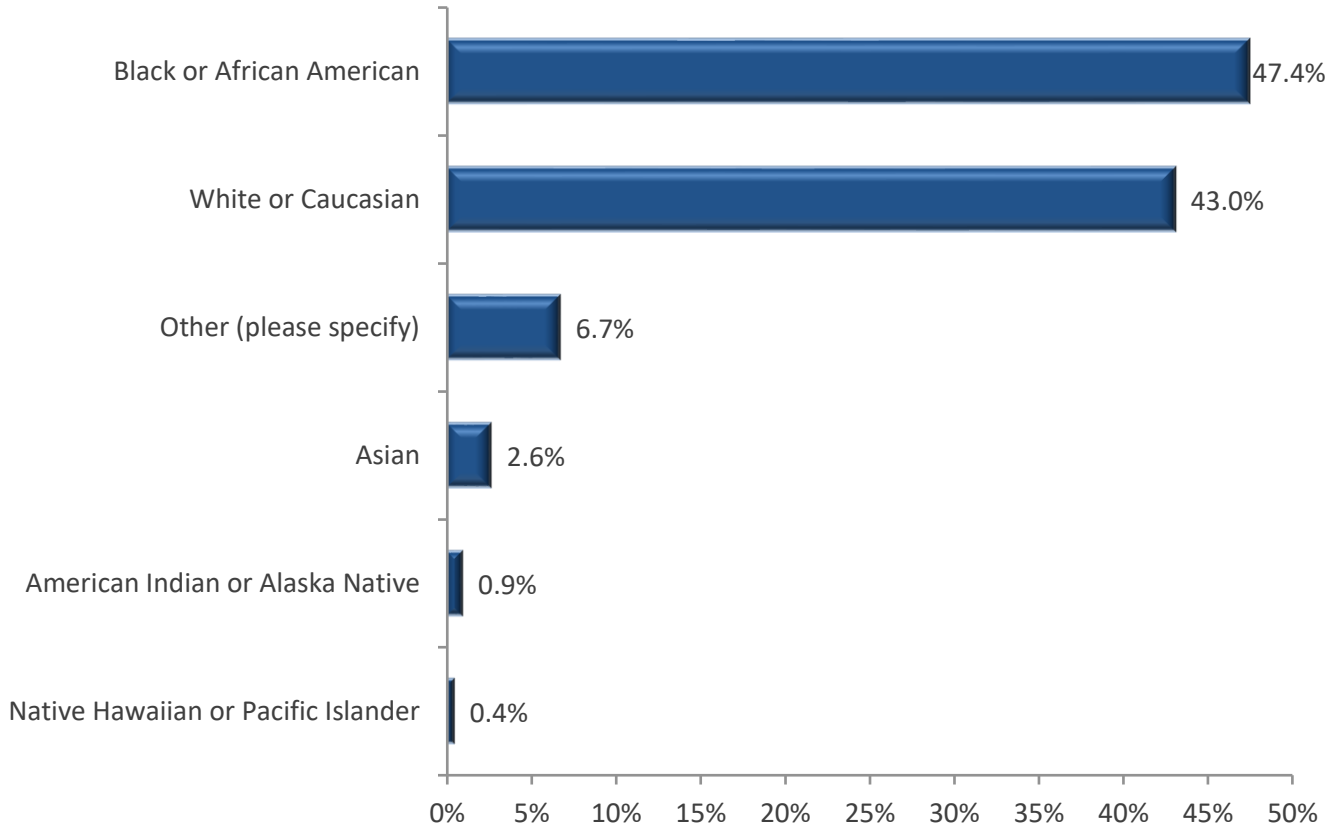




Over 90% of respondents identified themselves as either Black or White, and only 17% identified themselves as Hispanic/Latinx.

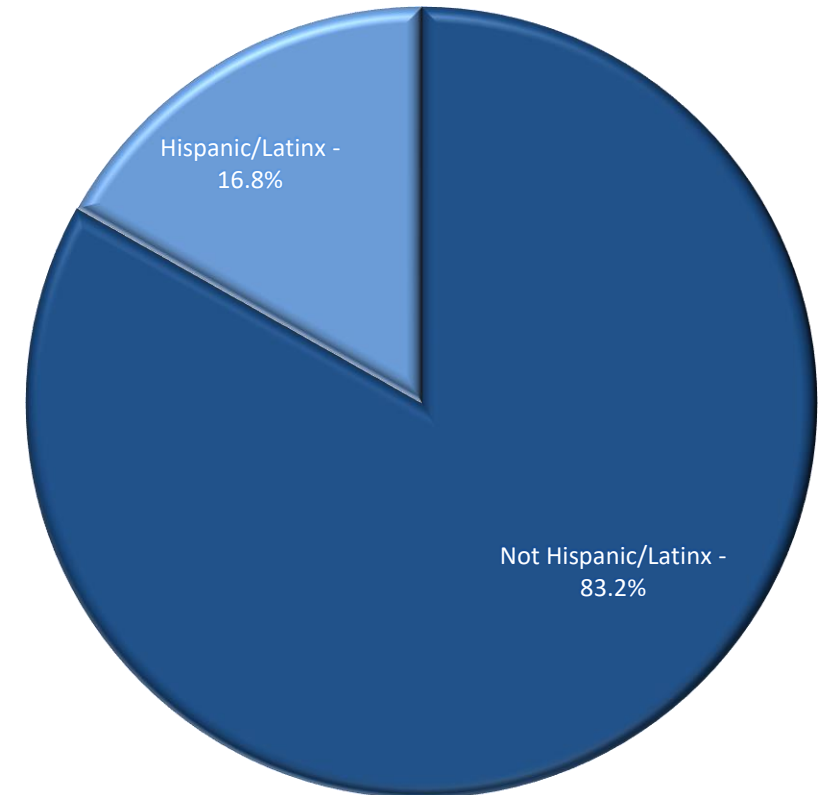
### What is your race?

n= 1,784



### What is your ethnicity?

n= 1,813

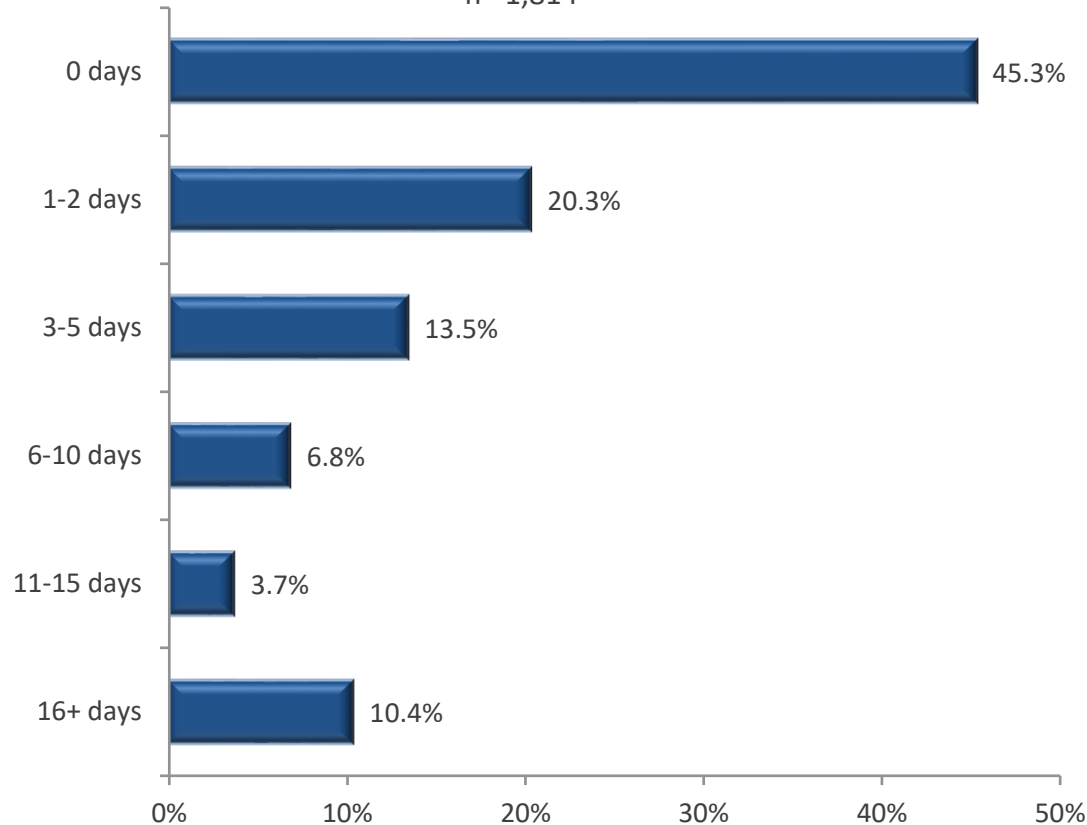




When asked about health status over the prior month, most respondents reported that their physical or mental health was good more often than not.

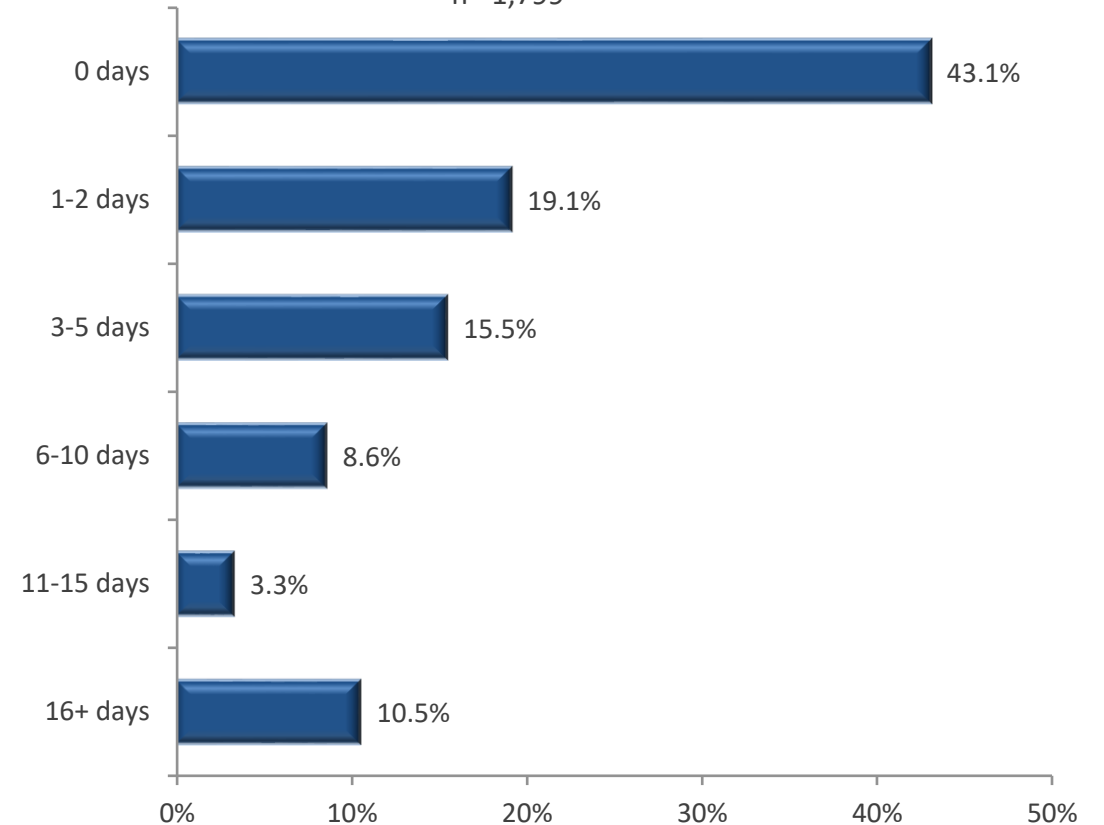
**For how many of the last 30 days did you experience poor physical health?**

n= 1,814



**For how many of the last 30 days did you experience poor mental health?**

n= 1,799

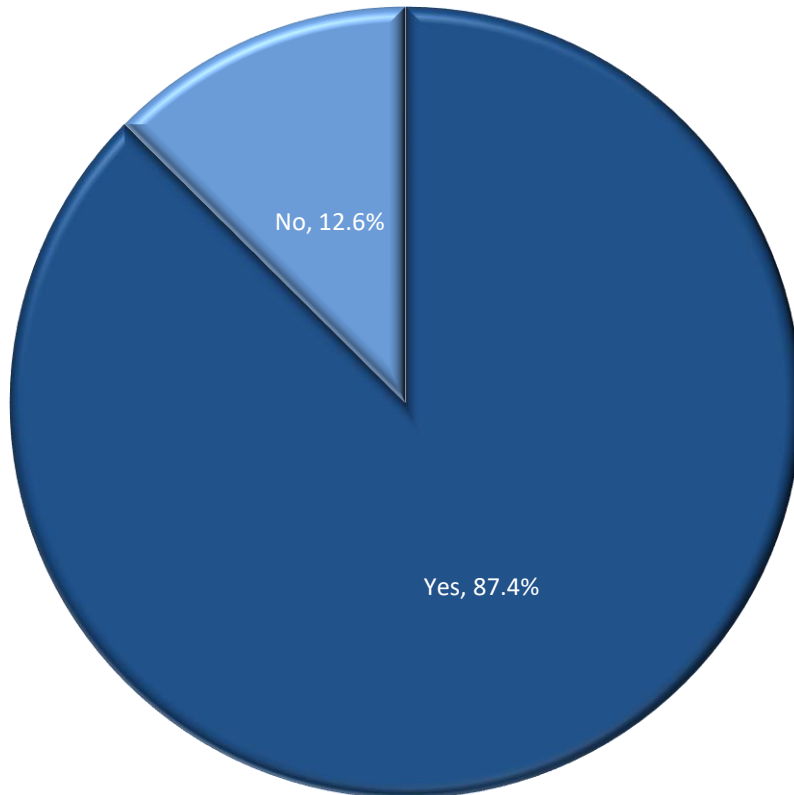




Nearly 90% of respondents have health insurance, but for those who do not, less than a third expressed confidence in knowing how to sign up for coverage.

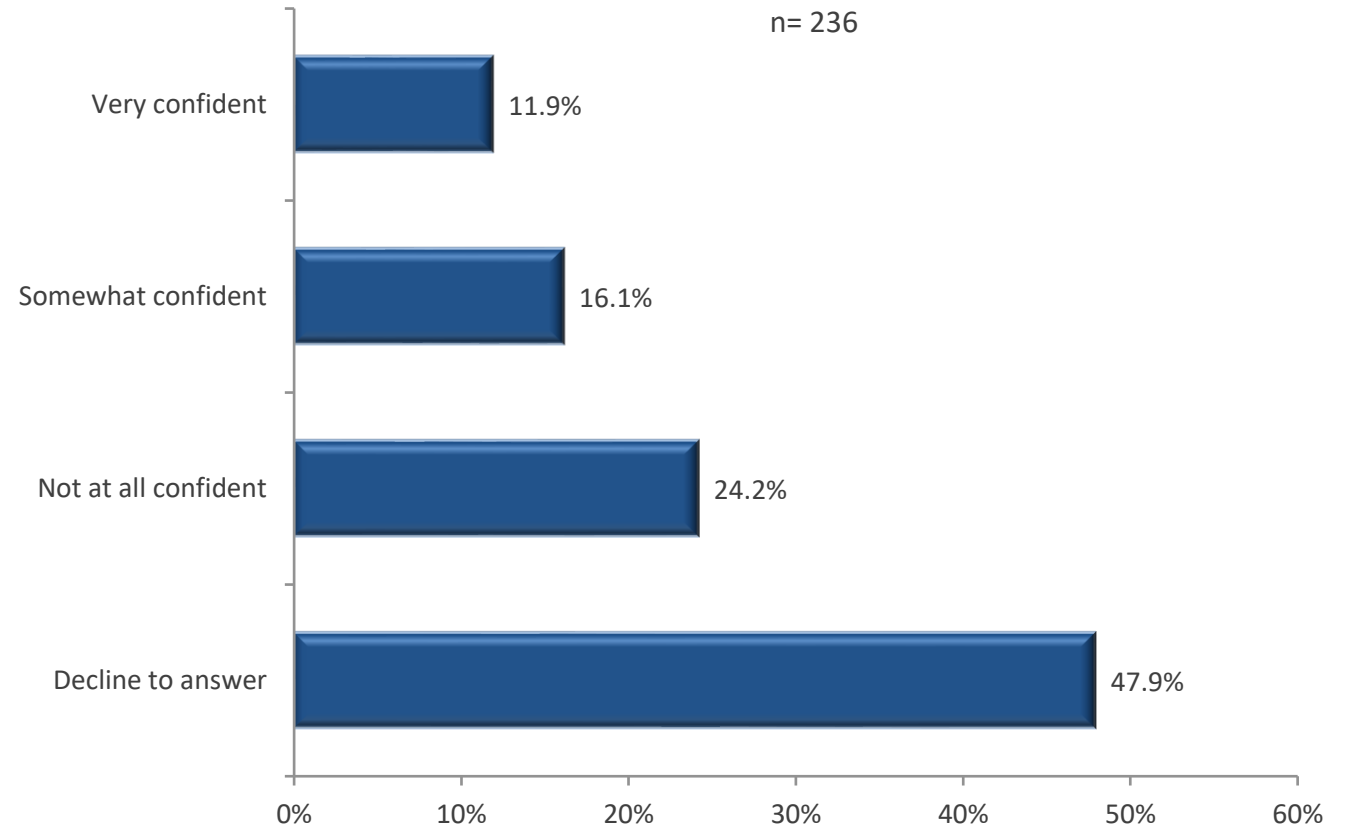
**Do you have health insurance?**

n= 1,813



**Of those without health insurance, how confident are you that you know how to sign up for health insurance?**

n= 236





# Primary Data Findings

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Community Survey

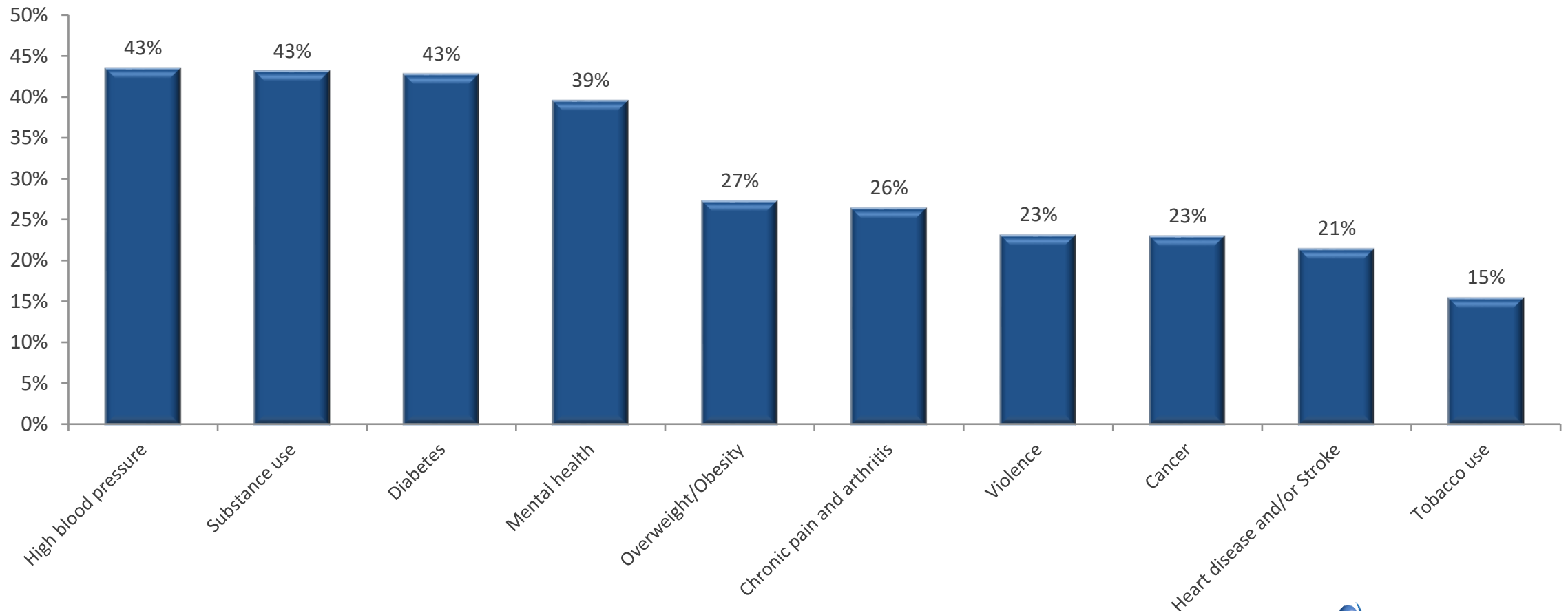




Community respondents identified high blood pressure, substance use and diabetes as the top community health needs in the City of Baltimore, followed by mental health and weight status.

**Please select the top FIVE (5) community health needs of Baltimore City.**

n= 1,908



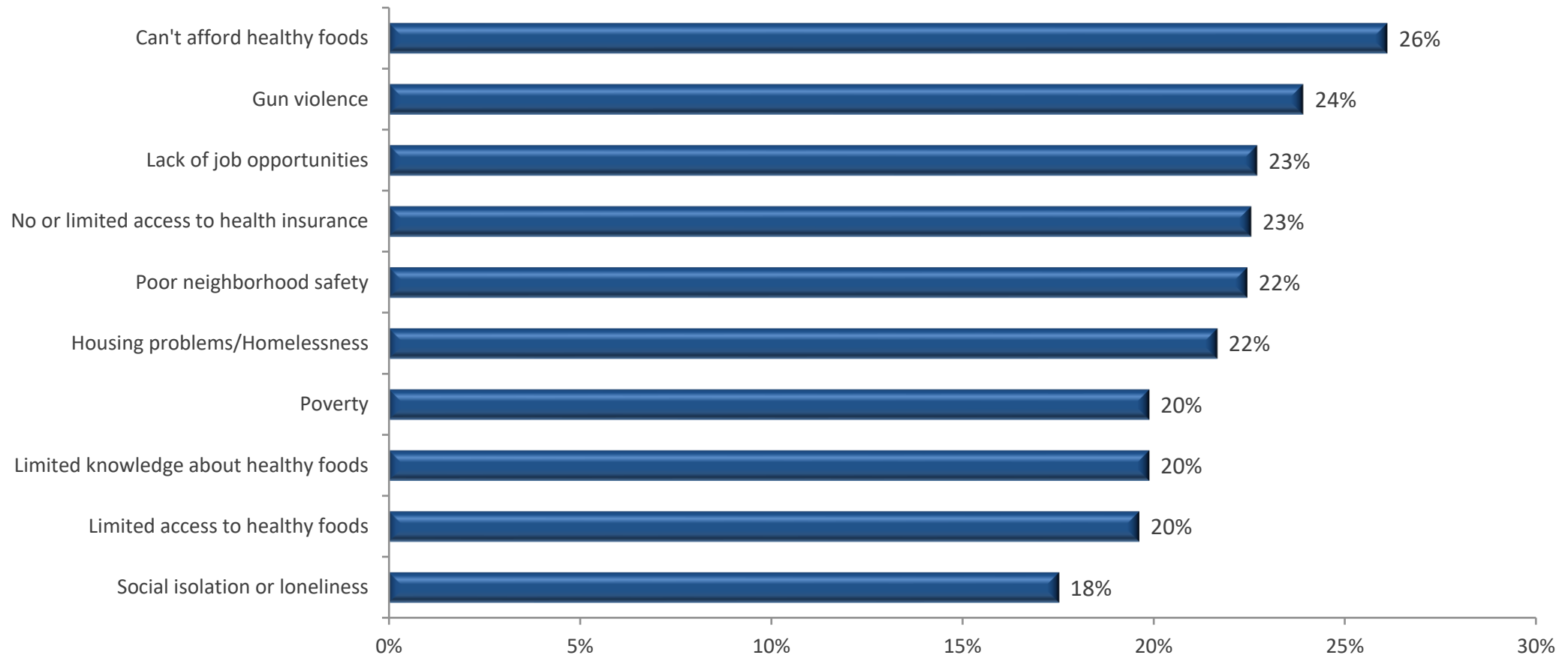
Top 10 responses depicted above.



Community respondents selected affordability of healthy foods as the top social need that impacts health in Baltimore City, followed by gun violence, lack of employment opportunities, limited health insurance coverage, and poor safety.

### Choose the top 5 social needs that most impact the health of the community.

n= 1,908



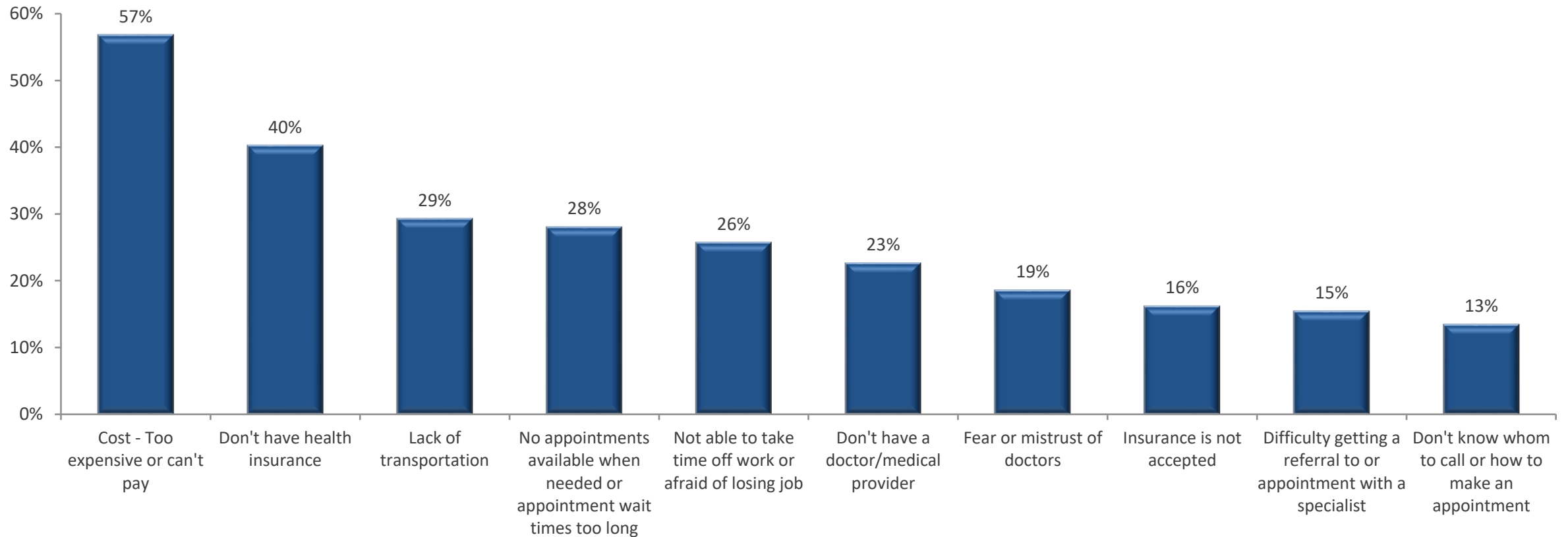
Top 10 responses depicted above.



The top barriers to improving health in Baltimore City were the cost of care, lack of health insurance, and lack of transportation. Mistrust of doctors was also a significant barrier, identified by roughly one-fifth of respondents.

What barriers, if any, exist to improving the health of Baltimore City residents? *Choose all that apply.*

n= 1,908



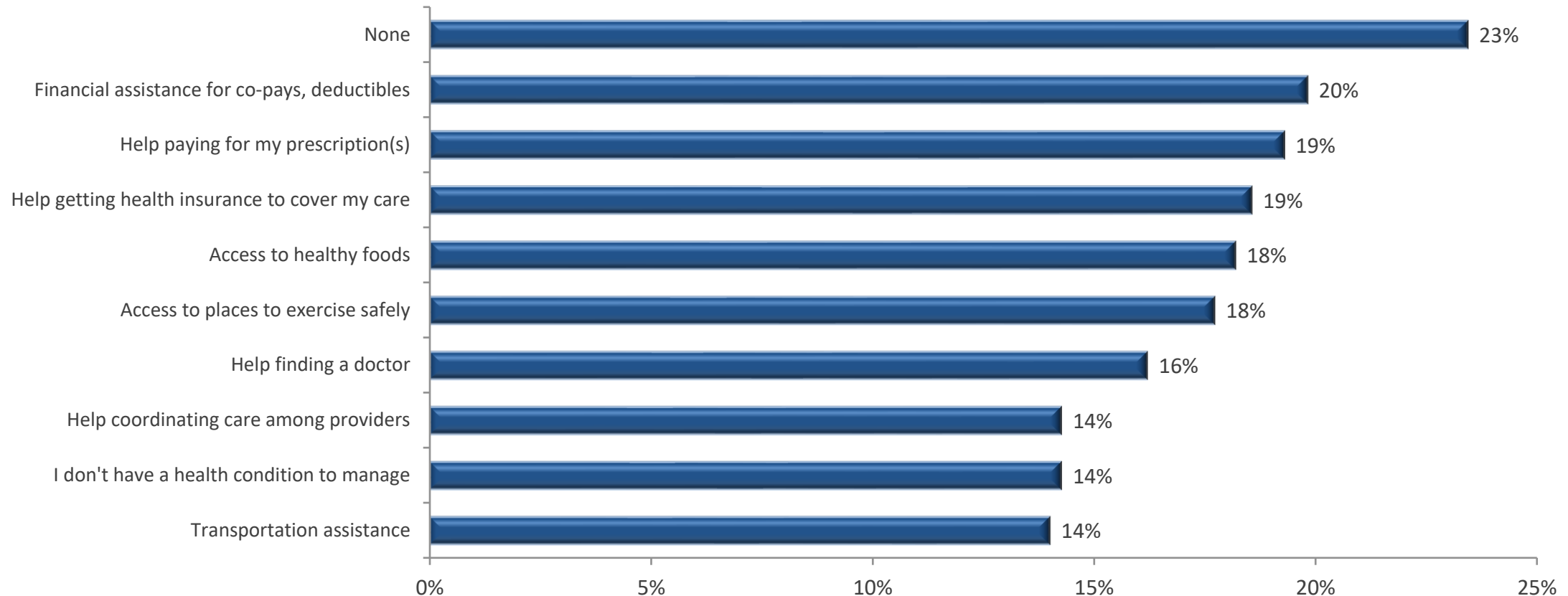
Top 10 responses depicted above.



Nearly a quarter of respondents indicated that they don't need any help managing chronic health conditions, but financial assistance, advocating for insurance coverage, and diet and exercise were the main avenues requested.

## What kind of help do you need managing your current health conditions to stay healthy?

n= 1,908



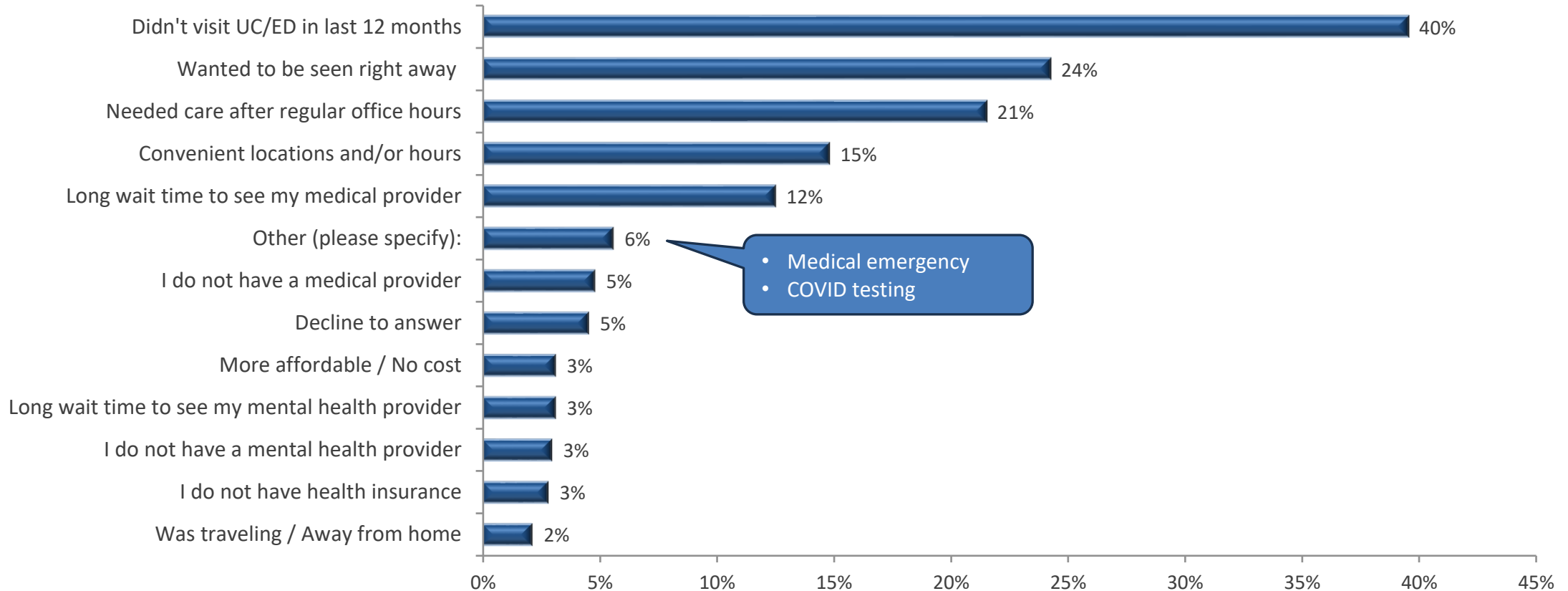
Top 10 responses depicted above.



The main reasons respondents sought care from an Urgent Care Center or Emergency Department were convenience – wanting to be seen quickly and/or outside of standard business hours.

### Reasons I visited an Urgent Care Center or Emergency Department in the last 12 months... Please select all that apply

n= 1,908

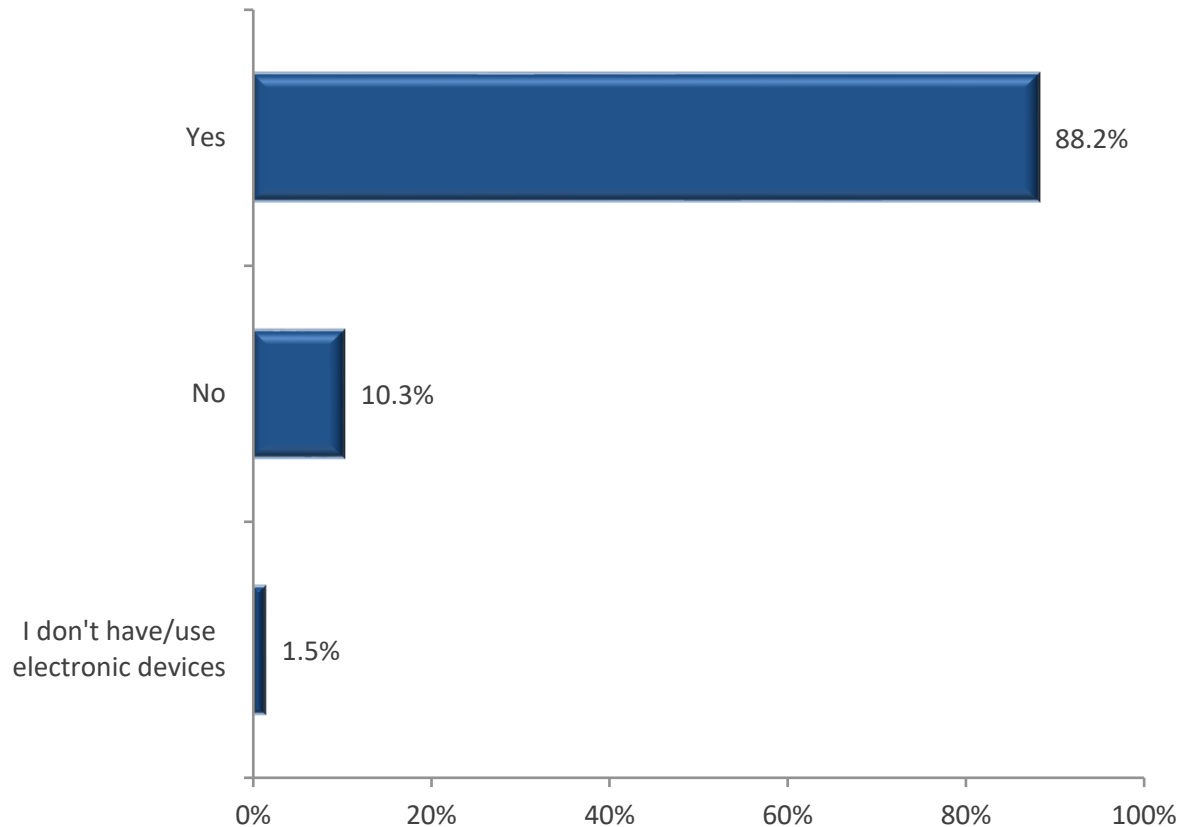




Most respondents (88%) can independently use their technological devices, and nearly three-quarters of respondents, including some who require assistance using technology, are open to telehealth services.

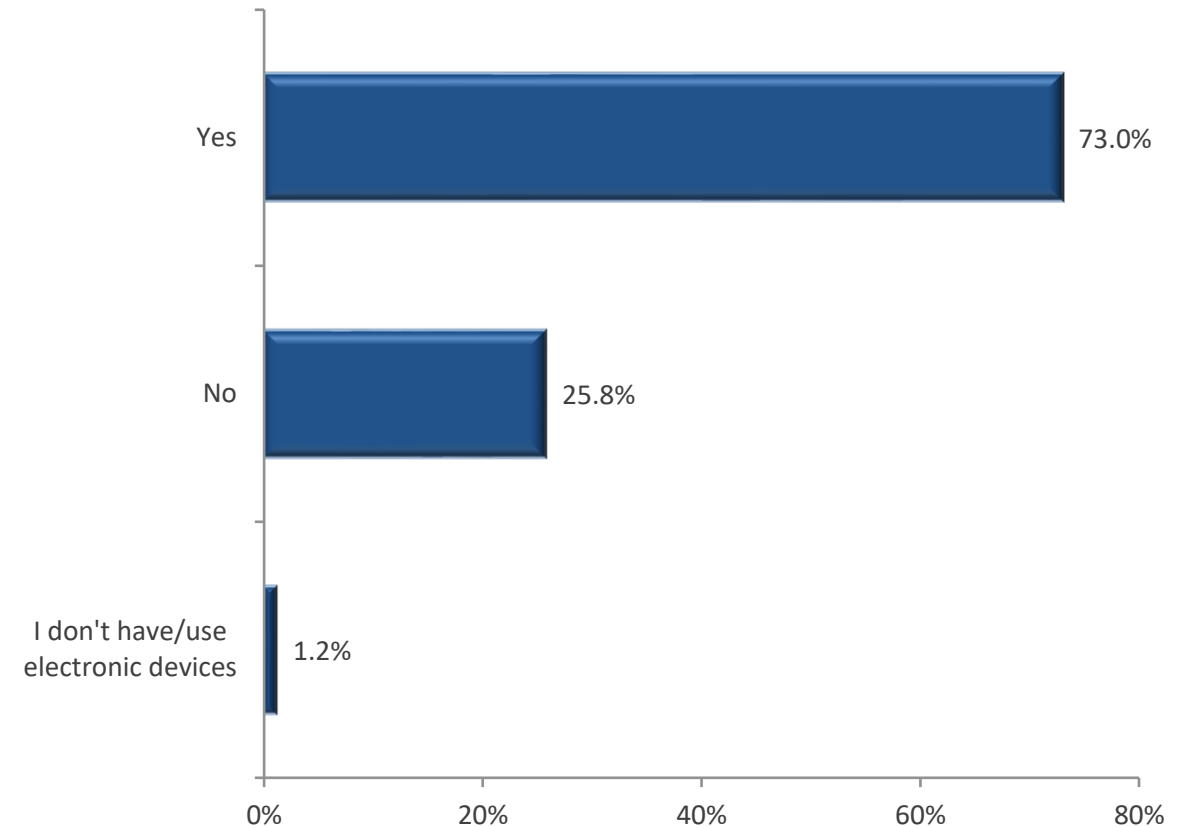
**Can you use applications on my phone without assistance?**

n= 1,784



**Are you open to telehealth?**

n= 1,799

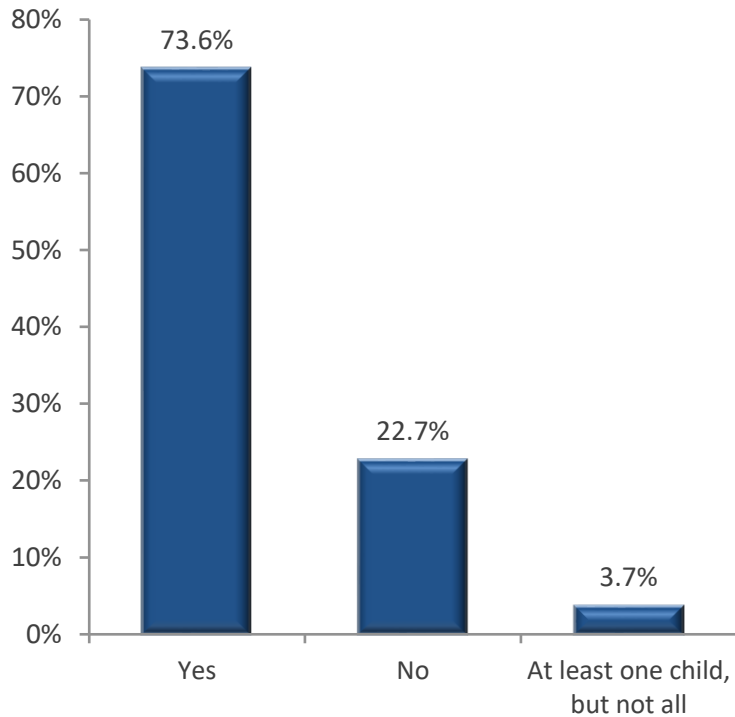




Most respondents did not have any young children, but those who did said their children had at least one wellness or dental visit in the past 12 months. Only about one-third of children saw a mental health provider.

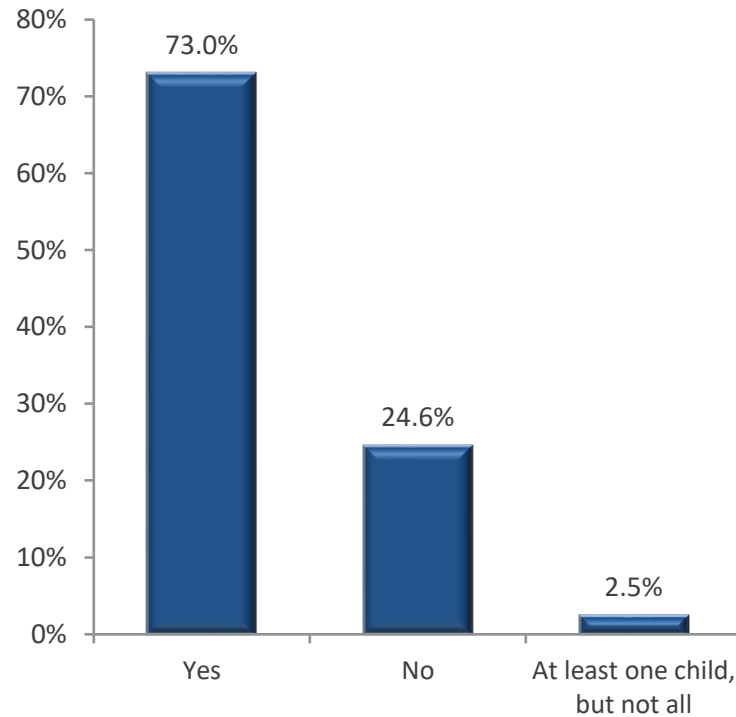
**Did your (under 18) child(ren) have a wellness visit this year?**

n= 598      N/A=1,231



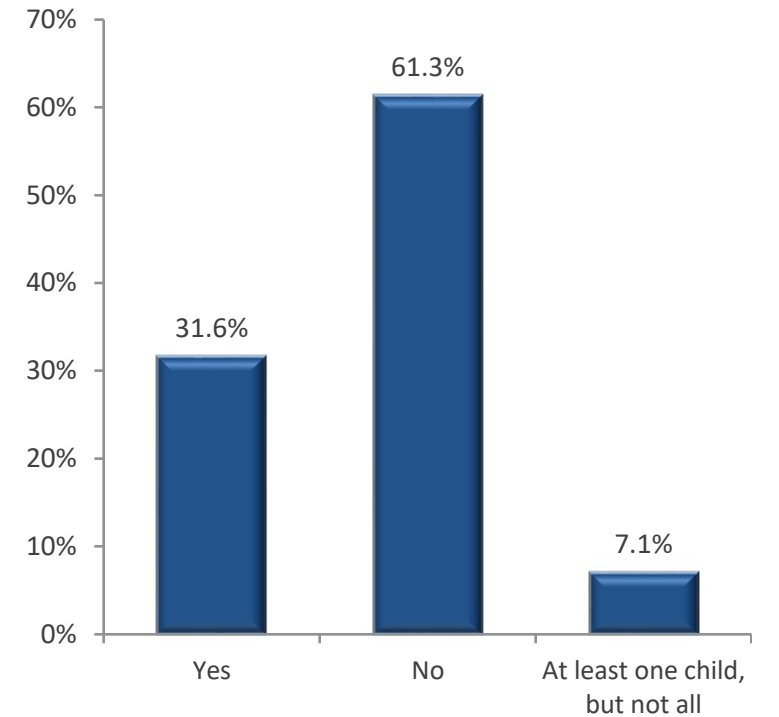
**Did your (under 18) child(ren) see a dentist this year?**

n= 570      N/A=1,248



**Did your (under 18) child(ren) see a mental health provider this year?**

n= 553      N/A=1,262





- Community members identified the top 3 health needs of Baltimore City as:
  - High Blood Pressure
  - Substance Use
  - Diabetes
  
- Relative to areas that have the most impact on health, community members mentioned:
  - Access to healthy foods
  - Violence and safety
  
- Community members identified cost of care as the largest barrier to health in the community.
  
- The most common suggestions for improving health were increasing affordability, awareness, childcare, transportation, mental health resources, community programming, education, and language support, as well as increasing the number of neighborhood clinics and decreasing violence.





# Primary Data Findings

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Key Leader Web Survey



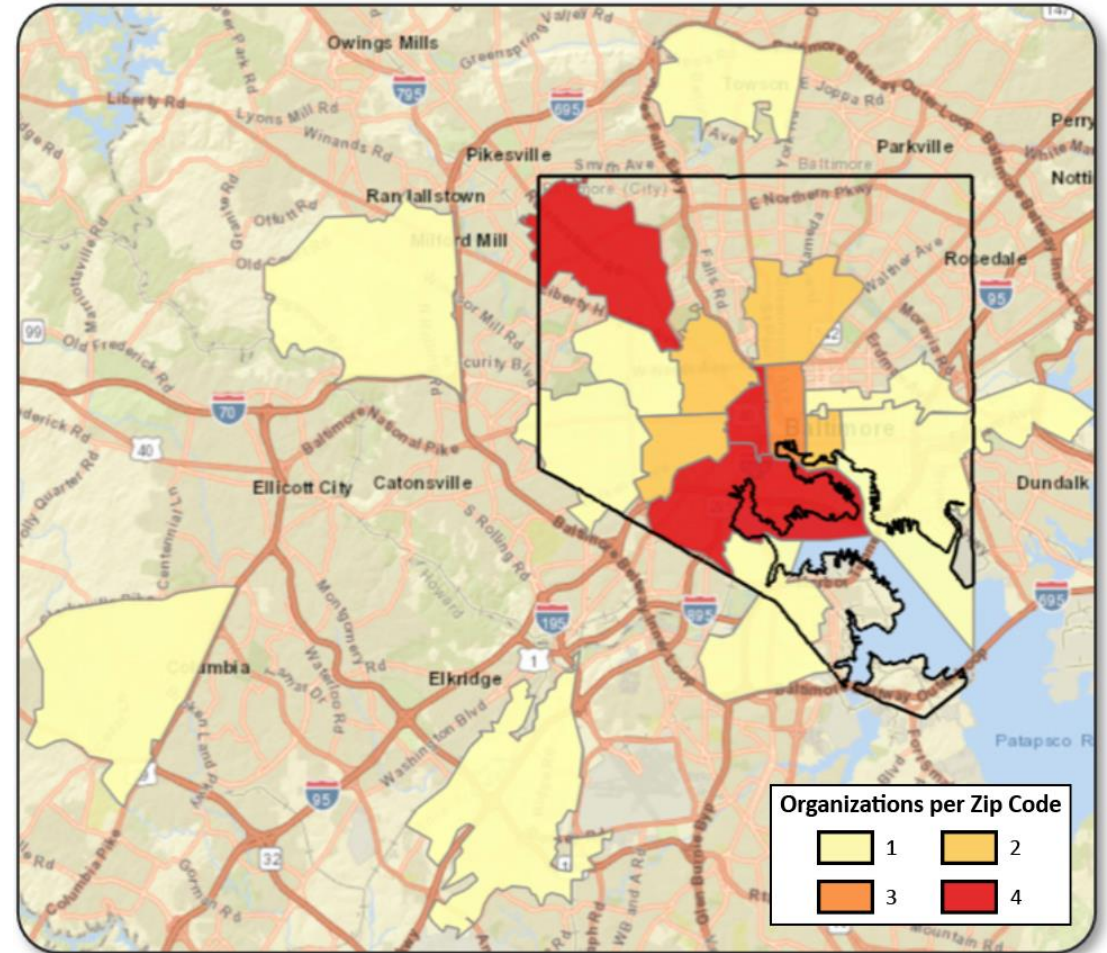
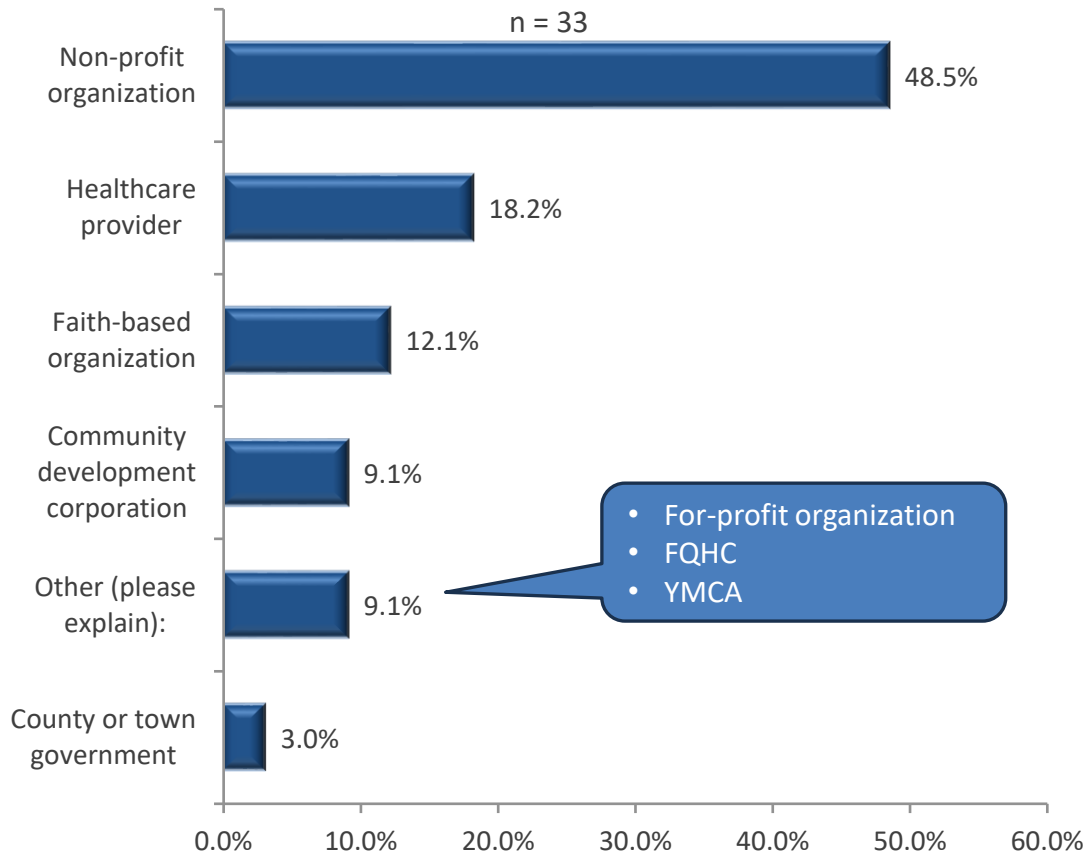
- Survey status
  - Partner organizations received survey link and QR code on **August 30<sup>th</sup>**.
  - Committee members began distributing the survey on **September 5<sup>th</sup>**.
  - For the purposes of this presentation, **33** responses received before November 7<sup>th</sup> are presented as preliminary results.
  - The Key Leader survey will remain open until **November 17<sup>th</sup>**.
- In general, survey questions focused on:
  - Top community health needs of Baltimore City
  - Top social drivers that impact health
  - Availability of community resources
  - Health literacy
  - Access to care
    - Location of care
    - Barriers to care



The survey was completed by key leaders from a variety of organizations, representing geographies throughout the City of Baltimore.

Please select the category that best describes your organization.

n = 33



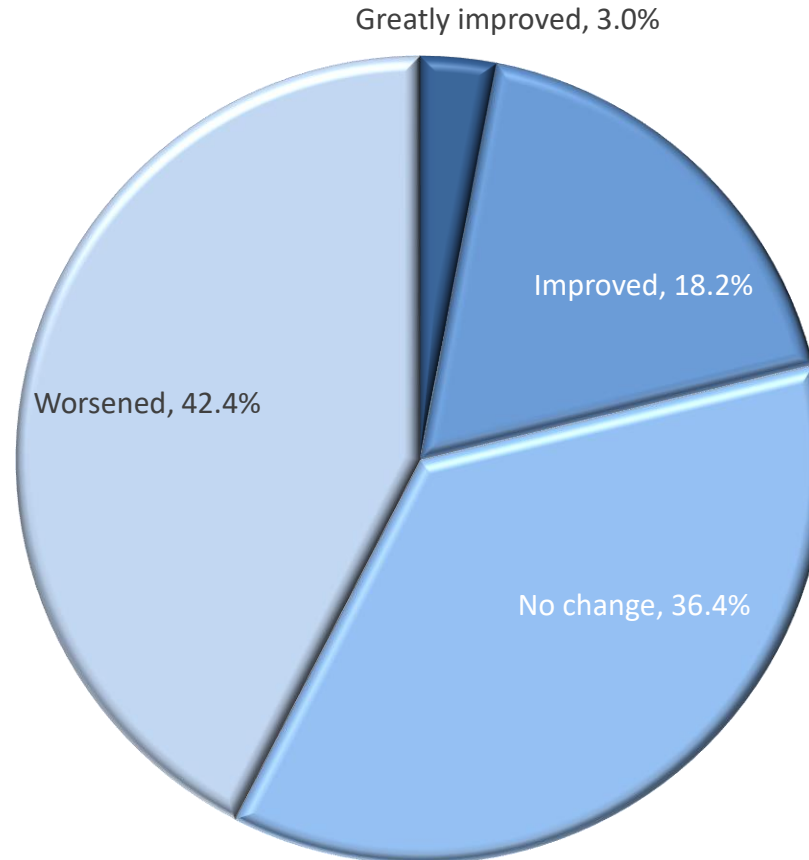
Percentages represent the percent of respondents who selected each response.



More than 40% of key leaders indicated the health of the Baltimore City community has worsened over the past three years. The main reason cited was COVID-19, and its resulting impacts on poverty, mental health, food insecurity, substance use, and safety. About a fifth, however, felt that health has improved, citing easier access to resources as the main reason.

**How do you believe the health of the community you serve has changed over the past three years?**

n= 33

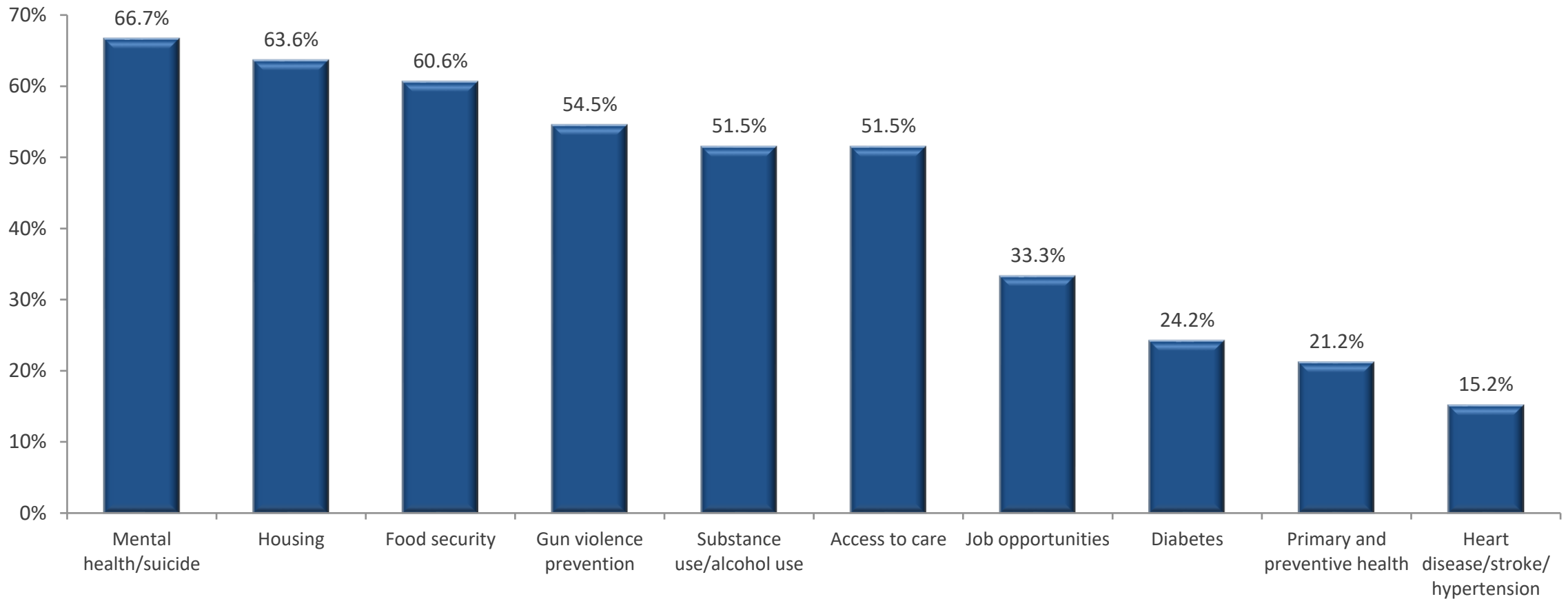




Key leaders identified mental health/suicide, housing, food security, gun violence, and substance use as the top health needs in Baltimore, with substance use, heart disease, and primary and preventative care being ranked as especially dire among those who selected it.

**Please select the top FIVE (5) community health needs of the City of Baltimore.**

n= 33



Top 10 responses depicted above. Bar size represents the percent of respondents who chose an option, inside label represents the average ranking by those who chose it.



Key leaders identified many community resources that are helpful in addressing the top health needs. Many, however, also noted that these are insufficient.

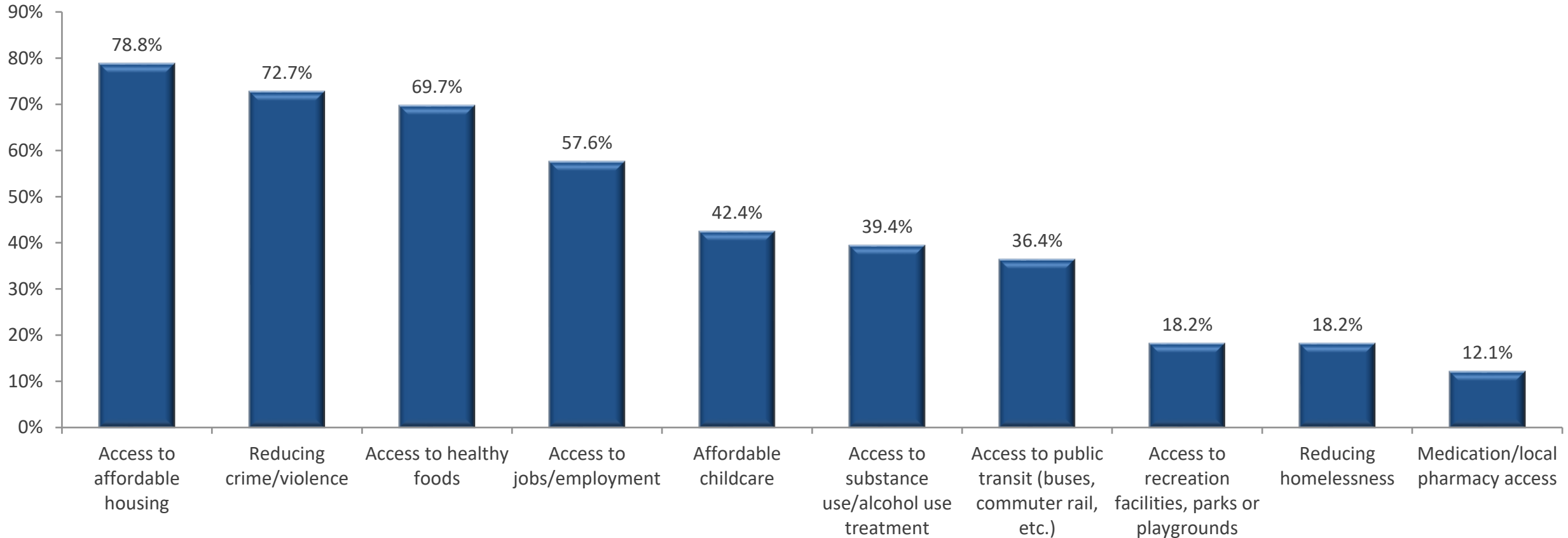
- Baltimore City Health Dept.
- LifeBridge Health
- Transformation Health
- Roberta's House
- School Social Workers
- Catholic Charities
- Eastside Medical Center
- Johns Hopkins Hospital
- Remington Medical Center
- Jai Medical Center
- Eutaw Medical Center
- University of Maryland
- Bon Secours
- CEC
- School Food Pantries
- Churches
- Greater Baybrook Alliance
- Meals on Wheels
- Maryland Food Bank
- Moveable Feast
- Safe Streets Program
- Total Health Care
- YMCA
- Operation Response
- Paul's Place
- Center for Hope
- Safe Streets
- We Our Us
- Community Development Anchors
- Free clinics



Access to affordable housing, crime and violence, access to healthy foods, access to employment, and affordable childcare are all significant social needs outlined by key leaders.

Please choose the top 5 social needs in the community you serve.

n= 33



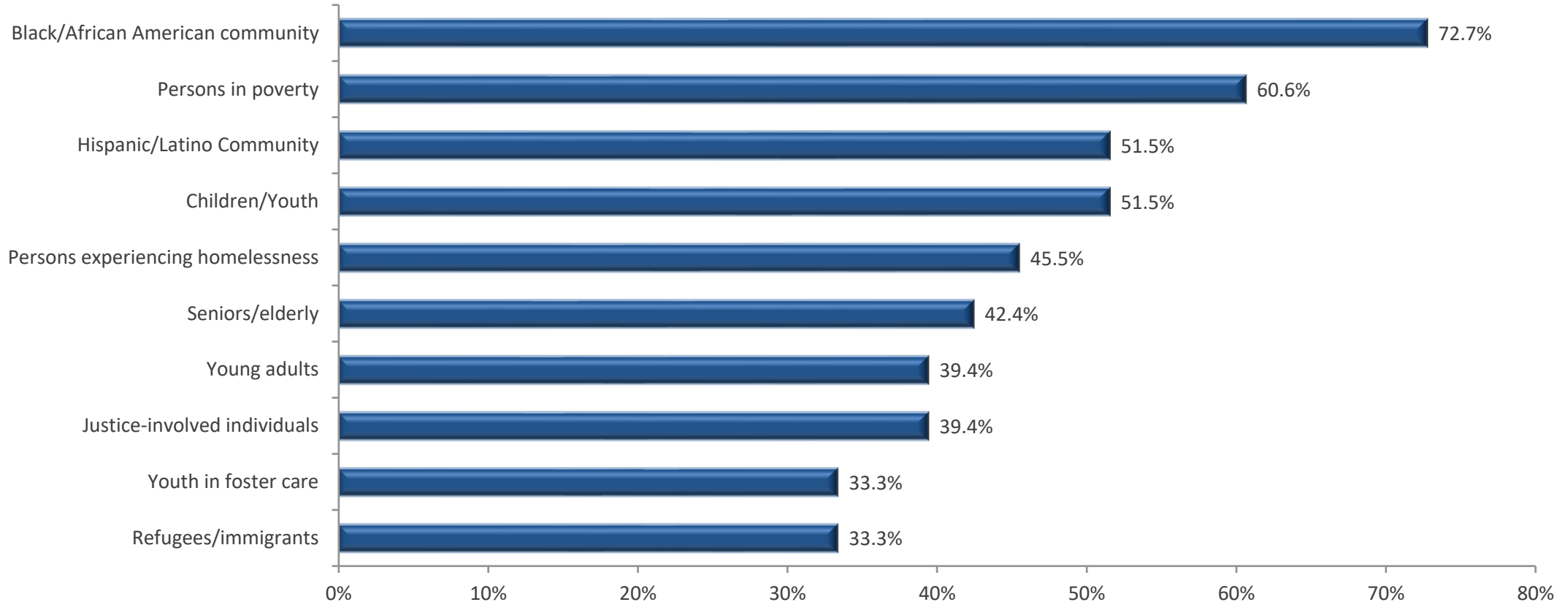
Top 10 responses depicted above.



Most key leaders identified Black residents, people in poverty, Hispanic/Latino residents, and youth as needing more assistance in Baltimore City. For seniors, key leaders specified cost of care, transportation, food insecurity, isolation, quality of care, navigating the healthcare system, and housing as issues needing attention.

Choose the group(s) that needs more help in the community you serve. *Choose all that apply.*

n= 33



Top 10 responses depicted above.

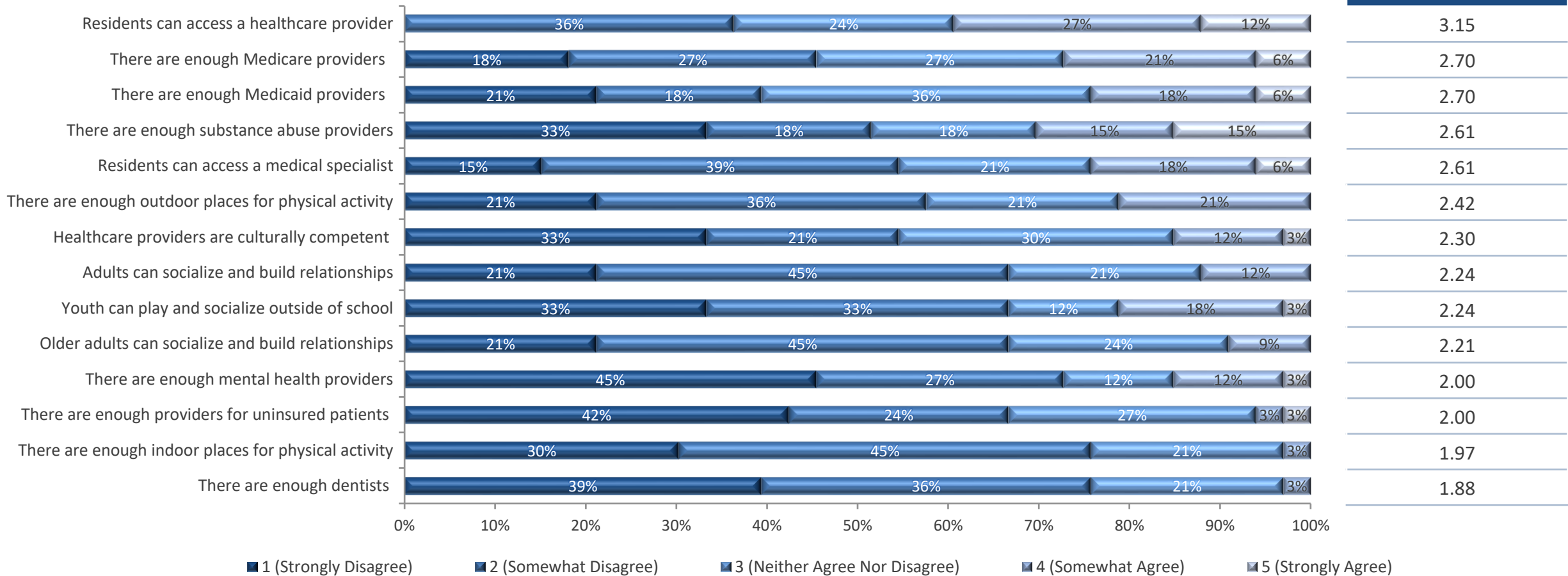




Leaders felt that their communities were most lacking access to dentists, indoor recreation opportunities, providers accepting uninsured patients, and mental health resources. They also felt poorly about socialization opportunities for residents of all ages, and lack of access to safe spaces was frequently characterized as a major contributing factor.

**On a scale of 1 to 5, please rate the following statements for the community in which you live?**

n = 33

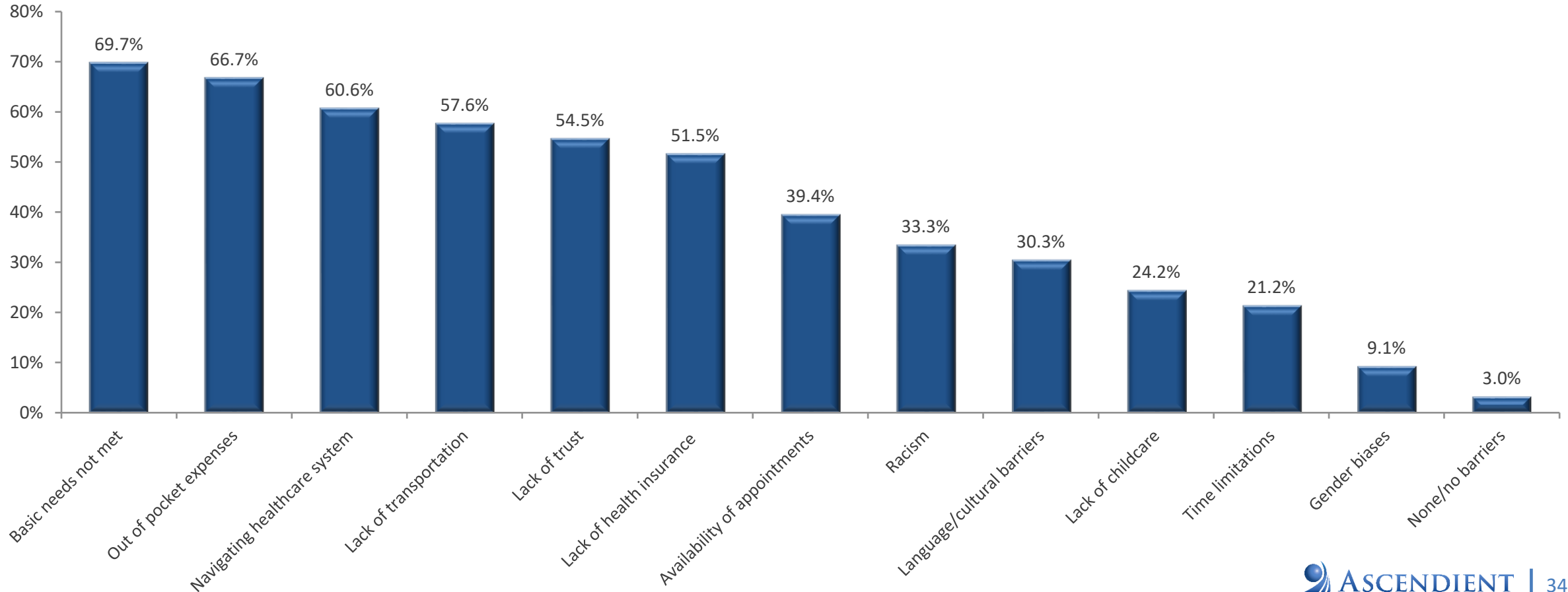




Key leaders identified social determinants of health as 2 of the top 5 barriers to improving health for residents, as well as cost of care, health literacy, and mistrust. Respondents largely attributed these challenges to other, everyday concerns that supersede and impact health status.

What barriers, if any, exist to improving the health of residents in your community? *Choose all that apply.*

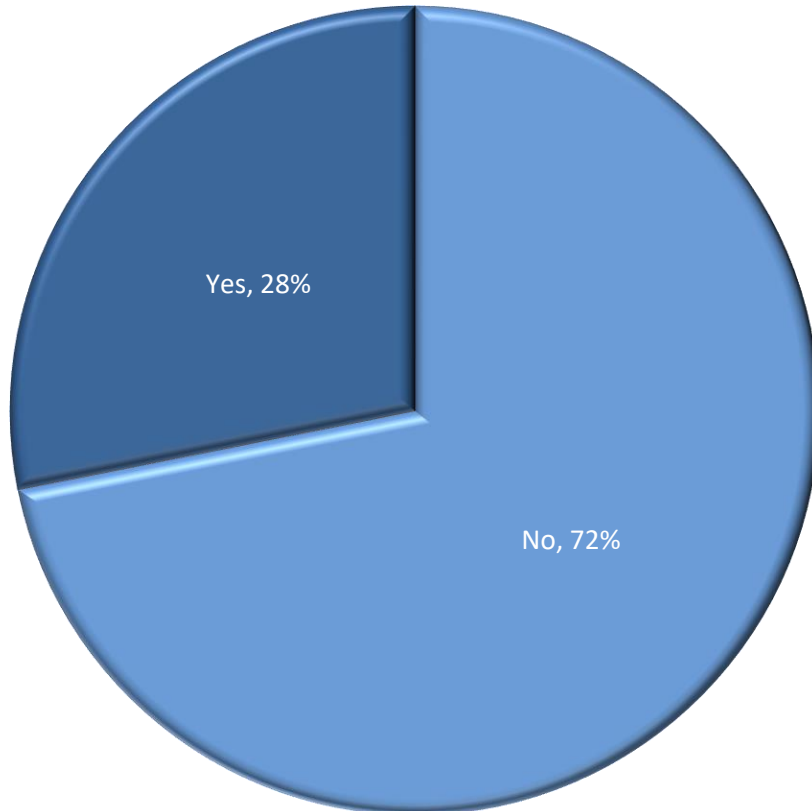
n= 33





Nearly three-quarters of key leaders said the residents of their community they serve are not able to understand health-related information when it is presented to them.

Do you feel that the residents of the community you serve are health literate? n = 33



Suggested strategies for effective health communication:

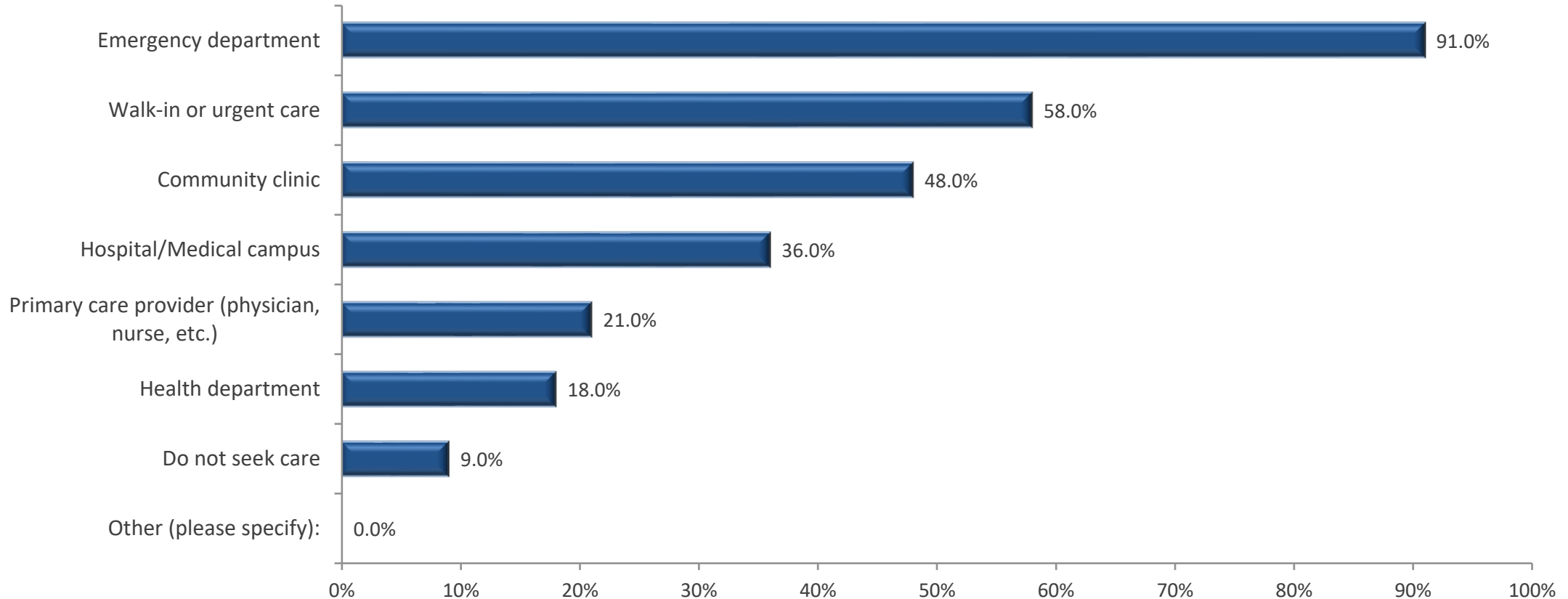
- Using simplified language
- Increasing access to translation services
- Meeting people where they are:
  - Community programming
  - Flyers/handouts
  - Door knocking
  - Individual conversations
  - Follow up calls



Almost all key leaders said community residents seek care in the ED, largely because of increased hours of operation and mistrust in the health system, which encourages the delay of care until it is absolutely necessary. This is similarly reflected in the popularity of urgent care clinics.

Members of your community typically seek medical care through... *Please select all that apply*

n= 33





- Key leaders identified the top 3 health needs of the City of Baltimore as:
  - Mental health/suicide
  - Housing
  - Food security
  
- The following areas were identified by key leaders as having the greatest impact on health in the community:
  - Access to affordable housing
  - Crime and violence
  - Access to healthy foods
  
- Key leaders identified social determinants of health, cost of care, and health literacy as the largest barriers to care.
  
- Black or African American residents were identified as the group in Baltimore most in need of help in the community.
  
- The most common suggestions for expanding access to care were improving affordability, awareness, and mental health resources, as well as increasing the presence of neighborhood clinics.



# Primary Data

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Focus Groups



# Focus Groups: Assignments and Categories

Organization	Category	Potential Host	Date	Completed By
<b>Ascension St. Agnes</b>	Older Adults	Zeta Senior Center	Oct. 18th	Ascendient
		Mayor's CARE	Oct. 10th	Ascendient
	Key Community Stakeholders	St. Agnes Community Council	Sept. 11th	Ascendient
<b>BCHD</b>	People with Chronic Disease	AMG Balt. City PFAC	Nov. 8th	Ascendient
		Ryan White/HIV Services	Oct. 12th	Ascendient
	Families with Children	Ryan White/HIV Services	Oct. 16th	Ascendient
		Health Care Access Maryland	Oct. 20th	Ascendient
		Healthy Start Fathers Group	Oct. 31st	Ascendient
	Young People	B'more for Healthy Babies	Oct. 19th	Ascendient
		YAC/Youth Ambassadors	Oct. 12th	Ascendient
Hispanic/Latino Community	BMS Case Managers	Oct. 4th	Ascendient	
<b>JHH</b>	Substance Use/Mental Health Treatment	Charm City Clinic	Oct. 13th	JHH
	Older Adults	Victory Village	Nov. 11th	JHH
	Hispanic/Latino Community	CASA de Maryland	Oct. 19th	JHH
		CASA de Maryland	Oct. 19th	JHH
	Homeless Population	Esperanza Center	Oct. 31st	JHH
		Helping Up Mission	Oct. 23rd	JHH
	Faith Communities	East Baltimore Faith Leaders	Oct. 19th	JHH
Young People	Eastside Yo!	Oct. 31st	JHH	
<b>LifeBridge</b>	People with Chronic Disease	Diabetes Patients	Nov. 1st	Ascendient
		Sinai HIV Clinic	Oct. 17th	Ascendient
	Families with Children	Healthy Families America	Oct. 20th	Ascendient
Older Adults	Anchor Group	Oct. 16th	Ascendient	
<b>MedStar</b>	Substance Use/Mental Health Treatment	Fetal Assessment Center	Oct. 3rd	MedStar
	Young People	Morgan State University	Oct. 2nd	MedStar
	Key Community Stakeholders	Northeastern Community Org.	Oct. 14th	MedStar
	Older Adults	Senior Network of N. Baltimore	Oct. 5th	MedStar
J. Van Story Branch Apartments		Oct. 5th	MedStar	
<b>Mercy</b>	Homeless Population	Healthcare for the Homeless	Oct. 19th	Ascendient
<b>MWPH</b>	Key Community Stakeholders	Druid Hill YMCA	Nov. 6th	MWPH
<b>UMMC</b>	People with Chronic Disease	UMMC Chronic Dis. Patients	Oct. 30th	Ascendient
		UMMC Cancer Patients	Nov. 1st	Ascendient
	Key Community Stakeholders	W. Balt. Community Committee	Oct. 11th	Ascendient

Category	Count
Faith Communities	1
Families with Children	4
Hispanic/Latino Community	4
Homeless Population	2
Key Community Stakeholders	6
Older Adults	5
People with Chronic Disease	6
Substance Use/ Mental Health	2
Young People	3
<b>Total</b>	<b>33</b>



- A total of 33 focus groups were conducted between October 3<sup>rd</sup> and November 8<sup>th</sup>.
  - More than 300 community members and other stakeholders provided feedback on health and social needs as well as their experiences living, working or receiving healthcare in Baltimore City.
  - Participants represented a variety of age cohorts, racial/ethnic groups, socioeconomic statuses and health concerns.
  
- For purposes of review and discussion, preliminary need level was assigned based on the following methodology:
  - If mentioned in 23-33 groups = Higher Need
  - If mentioned in 12-22 groups = Medium Need
  - If mentioned in 0-11 groups = Lower Need





# Focus Groups: Preliminary Findings

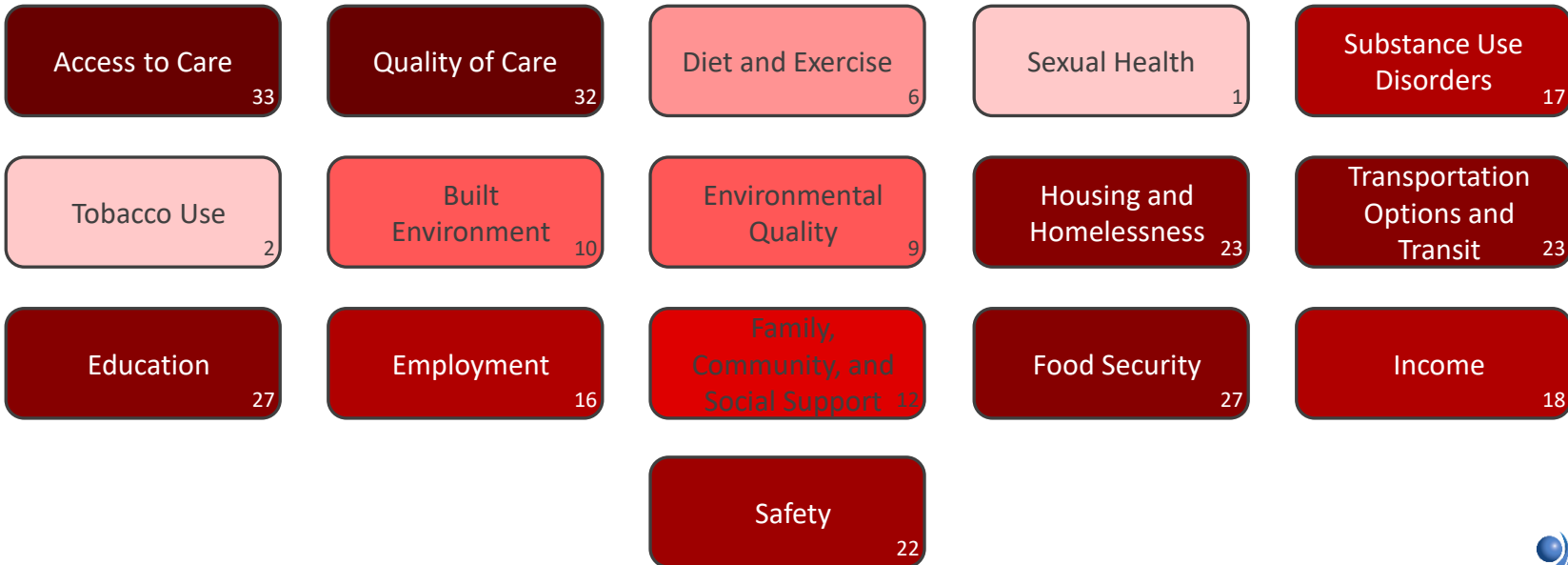
## Lagging Indicators | Health Outcomes

What do we want to improve in Baltimore City?



## Leading Indicators | Health Factors

What do we need to focus on to make those improvements?





## Healthcare: Access

- The high cost of healthcare, health insurance and prescriptions was mentioned consistently
- Difficulty obtaining or understanding health insurance was also a significant concern



## Mental Health

- Community members of all age groups and walks of life are experiencing poor mental health, particularly since COVID-19.
- Participants described a lack of mental health resources in the community



## Healthcare: Quality

- Quality issues included stigma/discrimination and not feeling listened to by providers
- Participants also expressed frustration with long wait times and difficulty navigating a complicated system



## Housing & Homelessness

- The affordability of housing was a primary concern that forces people to de-prioritize their health
- Inadequate support for individuals experiencing homelessness is also a serious concern



## Education

- Educational needs primarily focused on community health education and building awareness of existing resources



## Transportation & Transit

- Lack of safe and affordable transportation was described as a significant barrier to healthcare
- Transportation challenges also impact community members' ability to find high-paying jobs



## Food Insecurity

- Food deserts and inequitable access to healthy and nutritious food were frequent concerns
- Participants also noted the cost of food as a challenge to maintaining a healthy lifestyle



## Safety

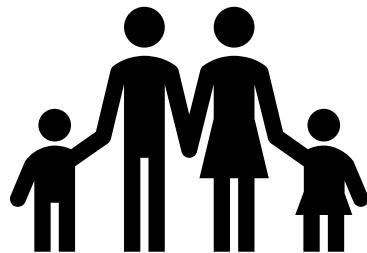
- Gun violence and overall crime were noted as barriers to healthy living throughout the city
- Many participants expressed little faith in the ability of local police to address safety concerns



'Families with Children' includes focus groups organized by Sinai Hospital of LifeBridge Health, B'more for Healthy Babies, Health Care Access Maryland and Baltimore Healthy Start Father's Group.

"I've been emotional because of my pregnancy. It's hard on my body and people expect me to know what's happening because it's my fourth child...but I'm older now and I still don't really know what's happening to my body – and it's stressful!

Doctors keep sending me to a therapist instead of advocating for more holistic help. They just offer one-size-fits-all solutions and it's frustrating because I feel like I'm not being heard."



Overall access to healthcare



Not feeling heard by medical professionals



Transportation and transit challenges



Education and awareness of available community resources



Income and cost of living



Focus groups featuring the Hispanic or Latino communities were organized by Baltimore Medical System, CASA de Maryland and the Esperanza Center.



The cost of medical care



Health literacy, especially language barriers



Community safety

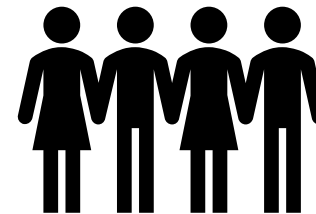


Overall access to healthcare



Concerns related to legal status

**“Newly arrived individuals expressed ‘loneliness’ and ‘confusion,’ and shared that, most of the time, they do not know how to or are scared to reach out for help due to their legal status.”**





'Older Adults' focus groups were organized by Anchor Group, Victory Villa Senior Center, J. Van Story Branch Apartments, the Mayor's Commission on Aging and Retirement Education and the Zeta Center for Healthy and Active Living

"Medical professionals see all seniors as acting a certain way. Age 70 is so different than it was 100 years ago! People are living longer, and there's so much stigma around the word senior. Doctors need to stop making assumptions that all seniors behave a certain way."

"Would you treat your grandmother like this?"



Not feeling heard by medical professionals



Transportation and transit challenges



The cost of medical care



Health insurance challenges



Safe and affordable housing



## Focus Group Insights: People with Chronic Disease

Chronic disease focus groups included individuals with a variety of conditions, including cancer, diabetes and HIV. Groups were organized by UMMC (cancer and chronic disease patients), BCHD HIV Services/Ryan White Program, LifeBridge Health and the Sinai Hospital HIV Services Clinic.



Community-based education around managing health conditions



Overall access to healthcare



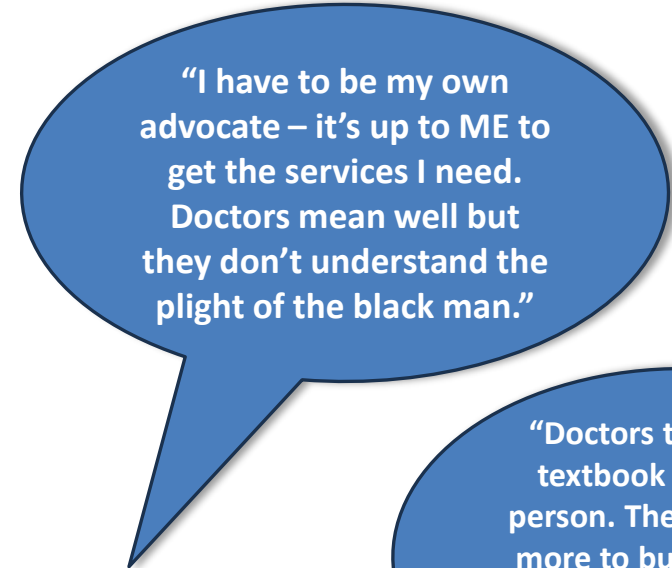
Transportation and transit challenges



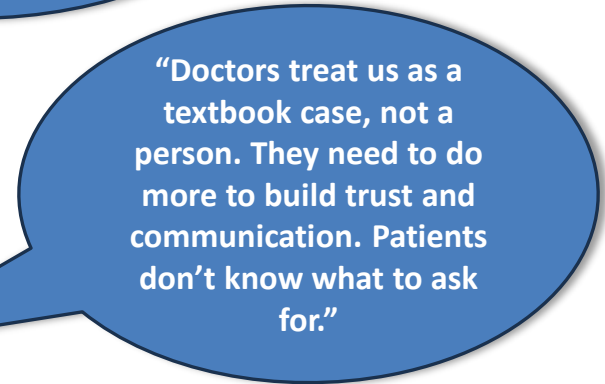
Not feeling heard by medical professionals



Mental health



“I have to be my own advocate – it’s up to ME to get the services I need. Doctors mean well but they don’t understand the plight of the black man.”



“Doctors treat us as a textbook case, not a person. They need to do more to build trust and communication. Patients don’t know what to ask for.”





# Bringing It All Together

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# Findings Review: Identified Needs by Primary Data Source

	Priority Area	Community	Key Leaders	Focus Groups*
★	Access to Care	✓	✓	✓
★	Behavioral Health/Mental Health	✓	✓	✓
★	Food Insecurity	✓	✓	✓
	Housing and Homelessness	✓	✓	✓
★	Transportation and Transit	✓	✓	✓
★	Substance Use	✓	✓	
★	Chronic Diseases	✓	✓	
	Education			✓
★	Income and Employment	✓	✓	
	Health Equity		✓	
★	Overweight/Obesity	✓	✓	
	Mistrust in Healthcare System	✓	✓	
★	Violence and Safety		✓	✓

★ Top priority area from secondary data

\*Focus group results are limited to the highest priority needs.





## Other Community Health Topics

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## Next Steps and Questions?



## Next Steps

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- Have a very Happy Thanksgiving!
- The prioritization discussion is scheduled for **December 15<sup>th</sup>**.