Neighborhood Health Profiles: Overview and Indicators
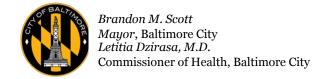
Amanda Smith, PhD, MPH

Epidemiologist

December 7, 2022

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What are the Neighborhood Health Profiles (NHPs)?

Reports that bring together information about significant health outcomes and social determinants of health for each of the 55 Community Statistical Areas in Baltimore City.

Community Statistical Areas (CSAs) are clusters of neighborhoods developed by the City's Planning Department based on recognizable city neighborhoods.
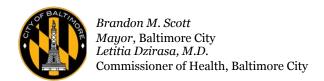
Purpose of the NHPs

To provide information on health outcomes social determinants of health for use by various audiences:
- Community members
- Community-based organizations
- Non-profits
- Healthcare organizations
- Educational institutions
- Government
- Others?

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BCHD has released NHPs three times in the past

2008 — Dorchester/Ashburton Health Profile 2008. Baltimore City Health Department and Johns Hopkins Bloomberg School of Public Health Sommer Scholars Program. October 2008.

2011 — Baltimore City 2011 Neighborhood Health Profile Cedonia/Frankford. Baltimore City Health Department, December 2011.

2017 — BALTIMORE CITY 2017 NEIGHBORHOOD HEALTH PROFILE. Upton/Druid Heights. Baltimore City Health Department. Revised June 2017. health.baltimorecity.gov

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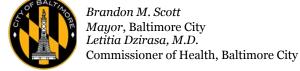Commissioner of Health, Baltimore City

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How to access the NHPs

Online only

PDF reports and an Excel file of 2017 data

https://health.baltimorecity.gov/neighborhood-health-profile-reports

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2023 NHPs

1. Will be publicly available on the LHIC website

2. Can be used to inform, drive, and track the success of the LHIC priorities

3. Will be used to develop the Community Health Assessment

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What could be included in the next NHPs?

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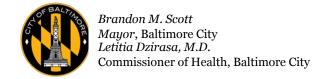DEPARTMENT

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Next NHPs

Could include many of the same prior indicators

There is an opportunity to include different indicators, assuming the data are available and meet technical requirements

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What <u>cannot</u> be included in the NHPs?

Data not available by census tract or CSA for whatever reason:

- It just plain doesn't exist/hasn't been collected (e.g., substance use)

- It exists, but cannot be shared because of laws, regulations, confidentiality, and/or rules of the data provider (e.g., overdose deaths from Maryland Dept. of Health)
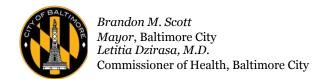
Health indicators we cannot include in the NHPs

Fatal overdose – prohibited from sharing by the Maryland Dept. of Health

Data not available by census tract w/ population info:
- Estimated smoking
- Estimated obesity
- Estimated chronic disease prevalence
- Estimated mental health indicators

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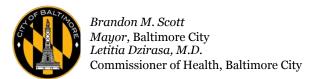BALTIMORE CITY HEALTH DEPARTMENT

Health indicators to consider

COVID incidence, testing, vaccination

Emergency department visits and inpatient hospitalizations for various health conditions
- These data were previously not available by CSA

We would have to check if allowed, because usually shared at ZIP code level
- Sexually transmitted infections
- HIV

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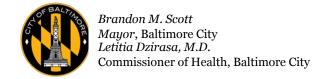
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Other sources of data by CSA

Baltimore Neighborhood Indicators Alliance (BNIA)

https://bniajfi.org/

Over 100 indicators by CSA by year

BCHD provides the BNIA indicators for life expectancy, infant mortality, all-cause mortality, and mortality by age group
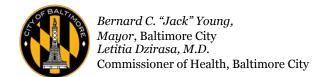
What was included in the 2017 NHPs?

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Discussion

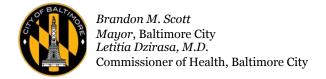**As we go through each of these, please share the following:**

1. Should we keep the indicator? Y/N

2. Are there other indicators in each category that you may be interested in collecting?

3. Any questions you have about what the indicator means or captures.

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Demographics

- Total Population
- Population
  - Age groups
  - Sex
  - Race
  - Ethnicity
- Children living in single-parent households
- Adults/children with no health insurance
- Limited English speaking proficiency
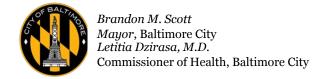
Socioeconomic Environment

- Household income groups
- Median household income
- Unemployment rate
- Family poverty rate
- Hardship index (based on indicators of housing, poverty, unemployment, education, income, and dependency (dependency means population under 18 or over 64 years of age)

Built Environment

- Liquor store density
- Tobacco store density
- Percent of land covered by green space
- Percent of land covered by pavement
- Percent of land zoned Industrial
- Rate of rat service requests to 311

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Educational Environment

- Kindergarten readiness
- Percent of 3rd/8th graders "proficient" or "advanced" at reading
- Percent of elementary/middle/high school students with 20+ absences
- Percent of adults aged 25+ w/ less than a high school diploma
- Percent of adults aged 25+ with a Bachelor's degree or higher

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Safety Environment

- Rate of animal abuse service requests to 311
- Non-fatal shooting rate
- Homicide rate
- Youth homicide mortality rate

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Housing Environment

- Average annual lead paint violation rate
- Vacant lot density
- Vacant building density

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Food Environment

- Percent of land covered by food desert
- Carryout density
- Corner store density
- Fast food density

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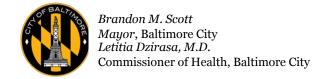
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Health Outcomes

- Life expectancy at birth
- All-cause mortality rate
- Mortality rates by age group
- Mortality rates by cause of death
- Percent of deaths by cause of death
- Foodborne illness rate
- Hepatitis C rate

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Maternal and Child Health Outcomes

- Birth rate
- Teen birth rate
- Percentage of women receiving prenatal care in the 1st trimester
- Percentage of women Who reported smoking while pregnant
- Percentage of live births occurring preterm
- Percentage of births classified as low birthweight

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Maternal and Child Health Outcomes (continued)

- Infant mortality rate (IMR) per 1,000 live births
- Percentage of mothers with a Body Mass Index greater than or equal to 30 at child's birth

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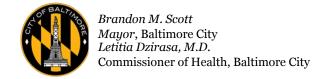
Data inclusion technical requirements

Data available by <u>census tract</u> or CSA
      - <u>Must</u> include info on population size
      - Example: Birth rate

Data available by point locations on a map
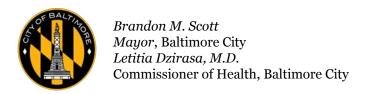   - Example: Tobacco stores

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Thank you for your time!

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How NHP data could be used

From "Introduction" section of 2017 NHPs:

1. Learn how the health of your neighborhood compares to others and the city as a whole.

2. Talk with your neighbors to identify common priorities for improving health in your area.

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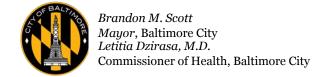BALTIMORE CITY HEALTH DEPARTMENT

How NHP data could be used (continued)

3. Share with your community association, senior center, church, local businesses, etc. to generate awareness and call for collaboration.

4. Talk with local health clinics about their work to address unmet health needs in your community.

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How NHP data could be used (continued)

5. Work with groups in your neighborhood to apply for funding to make health-related improvements in your community

6. Suggest partnerships between organizations in your community to develop, implement, and evaluate programs to address unmet health needs.

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How NHP data could be used (continued)

7. Share with local, state, and federal leaders to advocate for resources and changes to improve health in your area.

8. Join an advocacy group to promote policies that improve health at the community level.

9. Learn about resources and services in your community to advance local health.

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Discussion

1. How might we (if at all) use this data to track the success of the Care Coordination work and/or other work groups?

2. How might the NHPs be valuable to our communities?

3. How might the hospital systems, MCOs, or providers use this data?

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