GBMC

Sheppard Pratt
HEALTH SYSTEM

UNIVERSITY of MARYLAND
ST. JOSEPH MEDICAL CENTER

Community Health Needs Assessment

Final Summary Report

March 2013

HOLLERAN

COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

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COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL SUMMARY REPORT

I. EXECUTIVE SUMMARY

Beginning in 2012, Greater Baltimore Medical Center (GBMC), Sheppard Pratt Health System (SPHS), and University of Maryland St. Joseph Medical Center (UM-SJMC) partnered to conduct a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the hospital service area within Greater Baltimore. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment examined a variety of indicators including risky health behaviors (alcohol use, tobacco use) and chronic health conditions (diabetes, heart disease).

The completion of the CHNA enabled the hospitals and their partners to take an in-depth look at their greater community. The findings from the assessment were utilized by the hospitals to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. GBMC, SPHS, and UM-SJMC are committed to the people they serve and the communities they live in. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

Research Components

- Secondary Statistical Data Profile of Greater Baltimore Community
- Key Informant Interviews with 18 community stakeholders

Key Community Health Issues

- Access to Health Care
- Overweight/Obesity
- Mental Health
- Chronic Health Conditions

II. COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

HOSPITAL & COMMUNITY PROFILE

Hospital Profiles

Greater Baltimore Medical Center

Greater Baltimore Medical Center is a not-for-profit health care facility located in Towson, Maryland. The 281-bed medical center provides acute and sub-acute care in the Greater Baltimore area and handles more than 26,700 inpatient cases and approximately 60,000 emergency room visits annually. In addition to its Towson campus, GBMC offers care in satellite facilities throughout the community including Hunt Manor, Hunt Valley, Owings Mills, Pikesville, Mays Chapel, Perry Hall and Bel Air. GBMC also operates Greater Baltimore Medical Associates (GBMA), a group of more than 40 physician practices.

Sheppard Pratt Health System

Sheppard Pratt Health System is a private, non-profit behavioral health organization that provides a range of services to meet the needs of children, adolescents, adults and older adults. Headquartered in Towson, Maryland, Sheppard Pratt Health System serves more than 53,000 individuals annually and provides nearly one million units of mental health services including hospitalization, residential treatment, respite care, special education, psychiatric rehabilitation, general hospital services, and outpatient programming.

University of Maryland St. Joseph Medical Center

University of Maryland St. Joseph Medical Center is a 263-bed, acute care, non-profit regional medical center located in Towson, Maryland. St. Joseph is part of the University of Maryland Medical System, a multi-hospital system with academic, community and specialty services throughout the state of Maryland. St. Joseph Medical Group, a network of physicians affiliated with University of Maryland St. Joseph Medical Center provides primary and specialty care throughout the Greater Baltimore region.

Community Profile

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

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

METHODOLOGY

The CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

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

GBMC, SPHS, and UM-SJMC contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has over 20 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

1) Collected and interpreted Secondary Data
2) Conducted, analyzed, and interpreted data from Key Informant Interviews

Community engagement and feedback were an integral part of the CHNA process. The Greater Baltimore hospitals sought community input through Key Informant interviews with community stakeholders and inclusion of community partners in the prioritization and implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community served by the hospitals including medically underserved, low income, and minority populations.

Following the completion of the CHNA research, GBMC, SPHS, and UM-SJMC prioritized community health issues and developed implementation plans to address prioritized community needs.

III. SECONDARY DATA PROFILE OVERVIEW

BACKGROUND

One of the initial undertakings of the CHNA was to create a "Secondary Data Profile." Data that is obtained from existing resources is considered "secondary." Demographic and health indicator statistics were gathered and integrated into a report to portray the current health status of the Greater Baltimore service area.

Quantitative data was collected from reputable sources including the U.S. Census Bureau, Centers for Disease Control and Prevention, National Cancer Institute, and Maryland Department of Health & Mental Hygiene. Data sources are listed throughout the report and a full reference list is included in Appendix A. The most recent data available was used wherever possible. When available, state and national comparisons were also provided as benchmarks.

The profile details data covering the following areas:

- Demographic Statistics
- Mortality Statistics
- Birth & Maternal Health Statistics
- Chronic Disease Statistics
- Health Behavior Statistics

This section serves as a summary of the key takeaways from the secondary data profile. A full report of all of the statistics is available through GBMC, SPHS, and UM-SJMC.

KEY FINDINGS

Demographic Statistics

According to U.S. Census Bureau (2010) estimates, the total population in the Greater Baltimore community is 298,273. The population increased 7.3% between 2000 and 2010.

Table 1. Overall Population (2010)

	U.S.		Maryland		GB Service Area	
Population	308,745,538		5,773,552		298,273	
Population Change (00' - 10')	9.7%		9.0%		7.3%	
Gender	N	%	N	%	N	%
Male	151,781,326	49.2	2,791,762	48.4	139,822	46.9
Female	156,964,212	50.8	2,981,790	51.6	158,451	53.1

Source: U.S. Census Bureau, 2010

The median age in the area is 37.9 years, which is similar to the state and nation (MD: 38.0; US: 37.2). However, the Greater Baltimore service area has a slightly higher proportion of adults who are 65 years and over compared to the state and nation (GB: 15.0%; MD: 12.3%; US: 13.0%)

Table 2. Population by Age (2010)

	U.S.	Maryland	GB Service Area
Median Age	37.2	38.0	37.9
% 18 years and over	76.0%	76.6%	79.0%
% 65 years and over	13.0%	12.3%	15.0%

Source: U.S. Census Bureau, 2010

According to the U.S. Census Bureau (2010), nearly two-thirds of Greater Baltimore residents are White (65.2%) and approximately 24% are Black/African American. Only about 4.7% identify as Hispanic/Latino which is notably less compared to Maryland (8.2%) and the Nation (16.3%). Compared to Maryland and the U.S. as a whole, the percentage of the population who speak a language other than English in Greater Baltimore is lower (GB: 13.6%; MD: 15.9%; US: 20.1%).

Table 3. Racial Breakdown (2010) [a]

	U.S.		Maryland		GB Service Area	
	n	%	N	%	N	%
White	223,553,265	72.4	3,359,284	58.2	194,333	65.2
Black/African American	38,929,319	12.6	1,700,298	29.4	72,716	24.4
American Indian/ Alaska Native	2,932,248	0.9	20,420	0.4	1,124	0.4
Asian	14,674,252	4.8	318,853	5.5	16,722	5.6
Native Hawaiian or Other Pacific Islander	540,013	0.2	3,157	0.1	124	0.0
Two or more races	9,009,073	2.9	164,708	2.9	7,776	2.6
Hispanic or Latino (*of any race*)[b]	50,477,594	16.3	470,632	8.2	13,894	4.7

Source: U.S. Census Bureau, 2010

[a] *Percentages may equal more than 100% as individuals may report more than one race*

[b] *Hispanic/Latino residents can be of any race*

The median income for households in the Greater Baltimore community ($61,351) is lower than Maryland ($70,647) but higher than the nation ($51,914). According to the U.S. Census Bureau (2010), unemployment rates in Greater Baltimore (6.0%) are below state (6.6%) and national rates (7.9%).

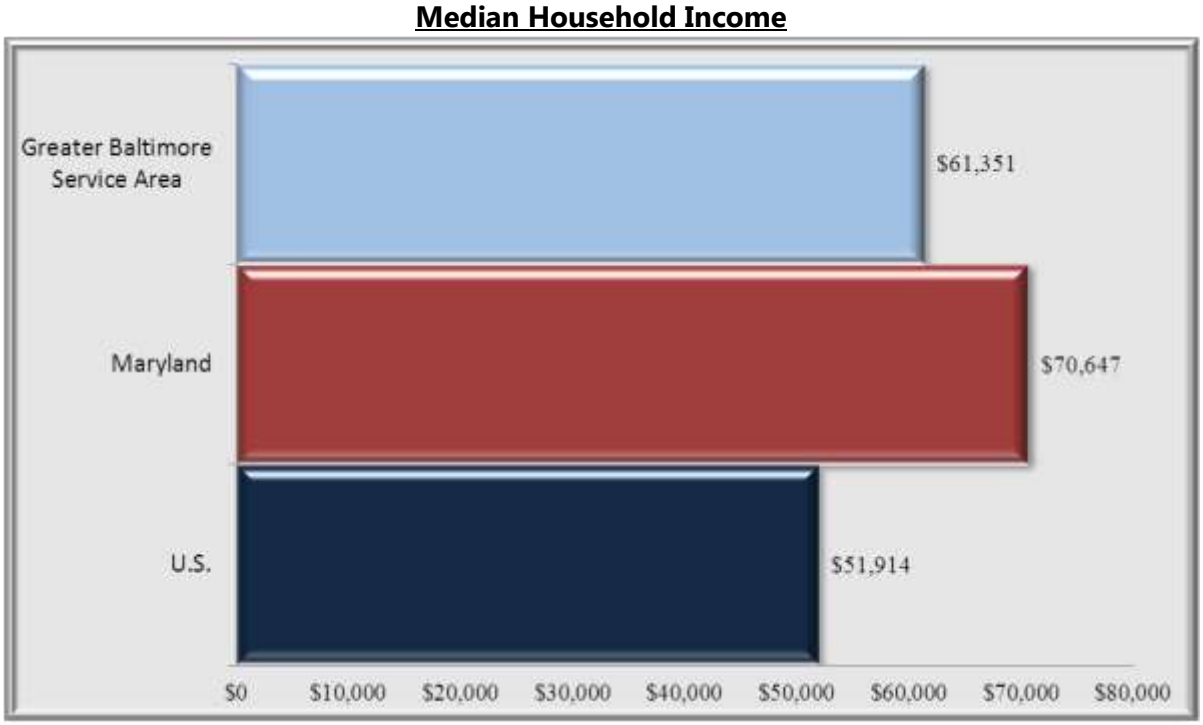

Figure 1. Median household income, Greater Baltimore compared to MD and U.S. (2006-2010).

In general, the proportion of families and people living in poverty in Greater Baltimore is less compared to the Nation and comparable to Maryland. A noteworthy indicator is the proportion of single female household families living in poverty with children under 5 years (7.1%) which is significantly lower than Maryland (27.8%) and the Nation (45.8%).

Table 4. Poverty Status of Families and People in the Past 12 Months (2006–2010)

	U.S.	Maryland	GB Service Area
Families	10.1%	5.7%	5.5%
With related children under 18 years	15.7%	8.7%	8.1%
With related children under 5 years	17.1%	9.2%	4.5%
Married couple families	4.9%	2.2%	2.9%
With related children under 18 years	7.0%	2.6%	3.8%
With related children under 5 years	6.4%	2.8%	2.3%
Families with single female householder	28.9%	17.1%	13.1%
With related children under 18 years	37.4%	22.7%	17.9%
With related children under 5 years	45.8%	27.8%	7.1%
All people	13.8%	8.6%	9.5%
Under 18 years	19.2%	10.9%	10.6%
18 years and over	12.1%	7.9%	9.2%
65 years and over	9.5%	7.9%	8.6%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates, 2010

Education is an important social determinant of health. It is well known that individuals who are less educated tend to have poorer health outcomes. High school graduation rates and educational attainment rates for higher education in the Greater Baltimore community are slightly higher than the state and nation. Approximately 89% of Greater Baltimore adults have a high school diploma or higher degree. Thirty-seven percent (37%) have a bachelor's degree or higher. This is in comparison to Maryland (87.8%; 35.7%) and the Nation (85.0%; 27.9%).

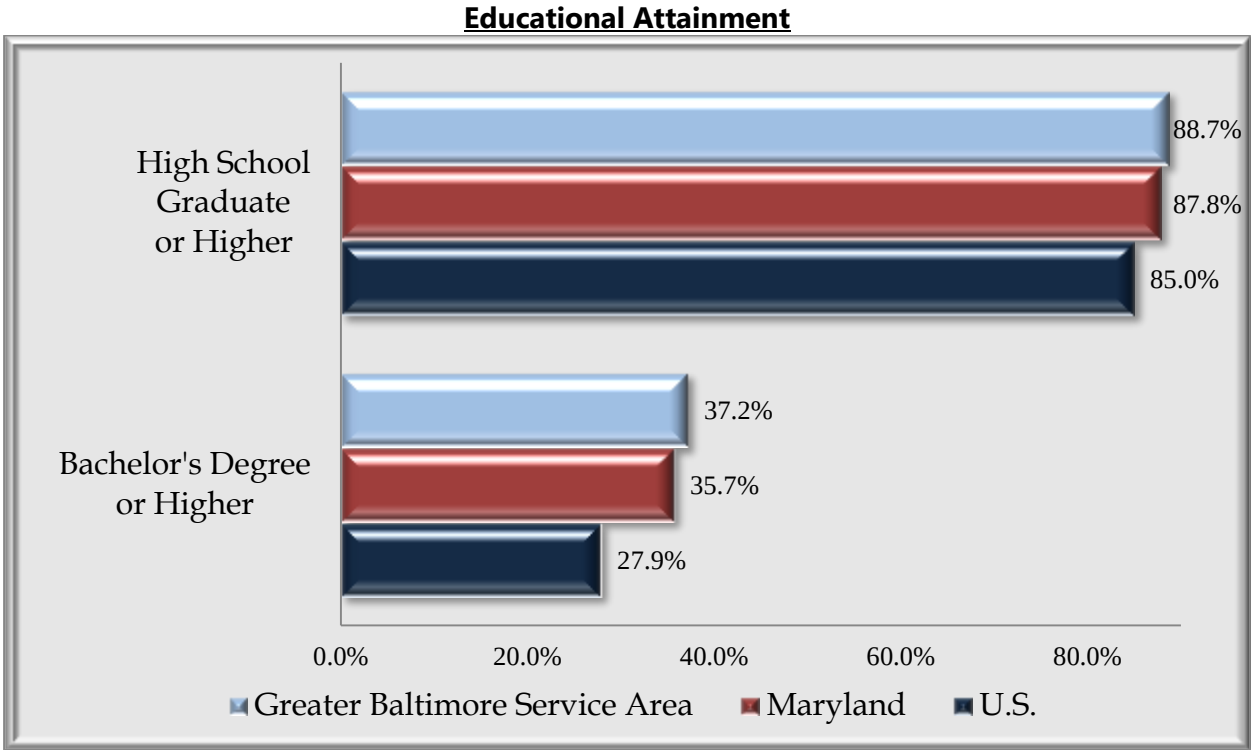

Figure 2. Educational Attainment, Greater Baltimore compared to MD and U.S. (2006-2010).

Health Status Indicators

Health Care Access

Health insurance coverage can have a significant influence on health outcomes. According to the Maryland Behavioral Risk Factor Surveillance System (2012), the percentage of Greater Baltimore residents who have health insurance coverage (88.1%) is higher compared to Maryland (87.0%) and the Nation (81.7%). In addition, the percentage of Greater Baltimore residents who have visited a doctor for a routine checkup within the past year (82.7%) is higher compared to Maryland (75.8%) and the Nation (66.9%). Approximately 15% of Greater Baltimore residents indicated that there was a time in the past 12 months when they could not afford to see a doctor which is lower compared to the nation (17%) but higher in comparison to the state (13%). This indicator is favorable when compared to state and national rates but still reveals a significant proportion of the population who is struggling to access health care.

Maternal & Infant Health

The infant mortality rate (8.3) and neonatal mortality rate (6.3) are higher for Greater Baltimore than for Maryland (7.3; 5.3), the Nation (6.4; 4.2), and the Healthy People 2020 goals (6.0; 4.1).

Infant Mortality Rate

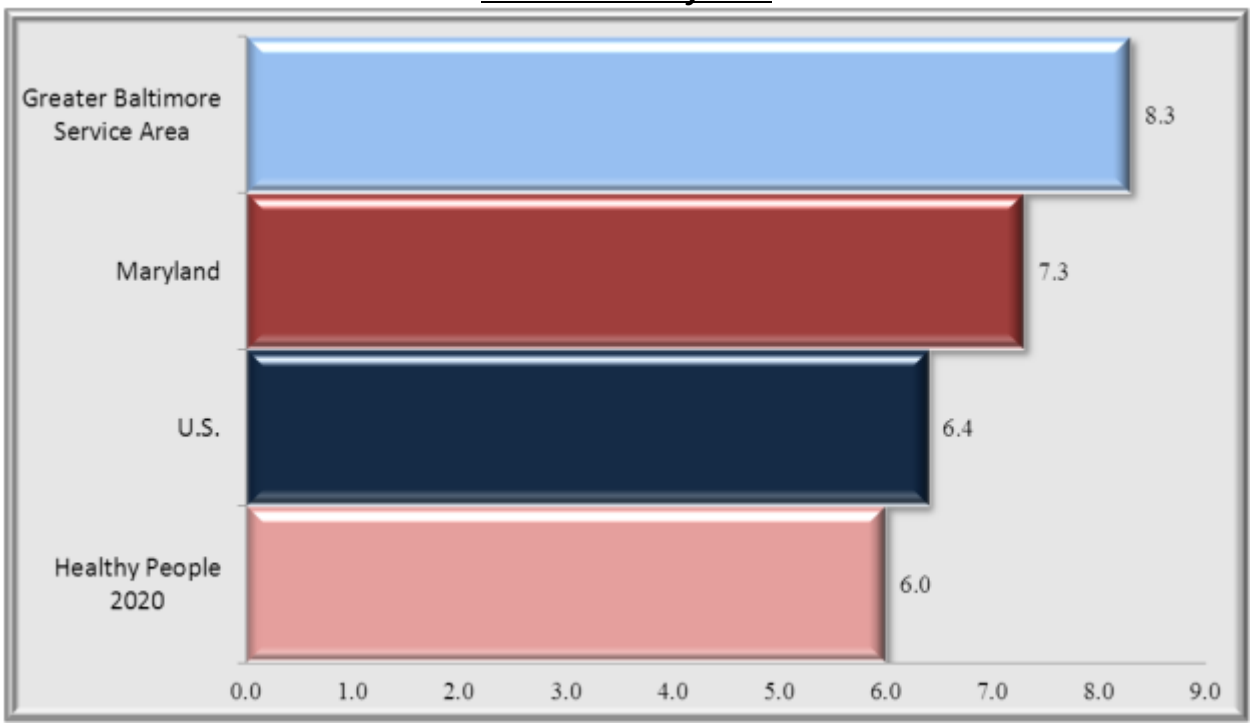

Figure 3. Infant mortality rate per 1,000 live births, Greater Baltimore compared to MD, U.S, and Healthy People 2020. (2007-2011).

The percentage of infants born with very low birth weight (weight less than 3 pounds 5 ounces or 1,500 grams) is higher for Greater Baltimore (2.2%) than for Maryland (1.8%), the Nation (1.4%), and Healthy People 2020 (1.4%). The percentage of infants born with low birth weight (weight less than 5 pounds 3 ounces or 2,500 grams) is also higher for Greater Baltimore (8.9%) than the nation (8.1%).

Table 5. Birth Weight as a Percentage of All Births (2011)

	Healthy People 2020	U.S.		Maryland[a]		GB Service Area	
	%	n	%	n	%	n	%
Low birth weight	7.8	N/A	8.1	6,470	8.9	393	8.9
Very low birth weight	1.4	N/A	1.4	1,295	1.8	97	2.2

Sources: Center for Disease Control and Prevention, 2012
Healthy People 2020, 2010
Maryland Department of Health and Mental Hygiene, 2011-2012
[a] Due to data availability, very low birth weight statistics based on 2010 data

Low Birth Weight

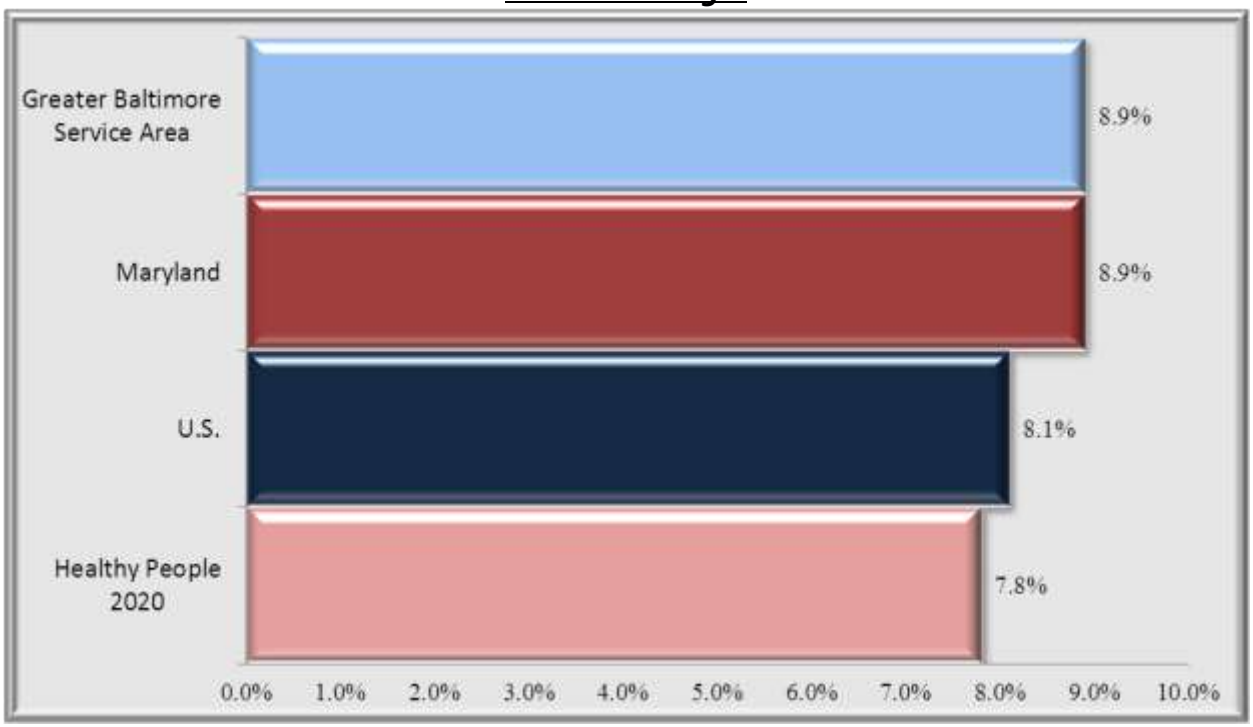

Figure 4. Percentage of infants born with low birth weight, Greater Baltimore compared to MD, U.S, and Healthy People 2020. (2011).

On a positive note, the percentage of births to teenage mothers (ages 15-17) is lower in Greater Baltimore (1.6%) than in Maryland (1.9%) and the Nation (2.4%). The percentage of mothers beginning prenatal care in the first trimester is higher for Greater Baltimore (65.4%) compared to Maryland (62.4%). However, it is notably less than the Healthy People 2020 goal of 77.9% (Maryland Department of Health and Mental Hygiene, 2012).

Chronic Health Conditions

According to the results of the Maryland Behavioral Risk Factor Surveillance System (2012), Greater Baltimore residents are more likely than Maryland residents to have been diagnosed with cancer (GB: 13.9%; MD: 11.5%). In addition, Greater Baltimore residents are more likely to have been diagnosed with a heart attack (5.6%) compared to the state (4.2%).

Table 6. Chronic Health Diagnosis (2011)

	Maryland	GB Service Area
	%	%
Ever told by doctor, nurse, or other health professional they have cancer	11.5	13.9
Ever told by doctor, nurse, or other health professional they had heart attack (myocardial infarction)	4.2	5.6

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

The percentage of Greater Baltimore service area residents who have ever been told that they have asthma is less compared to Maryland and the Nation. However, the percentage of residents who report that they still have asthma (75.5%) is notably higher compared to Maryland (61.9%) and the Nation (66.9%).

Table 7. Asthma Diagnosis (2011)

	U.S.	Maryland	GB Service Area
	%	%	%
Ever told by a doctor or other health professional they have asthma	13.5	13.8	12.7
Individuals diagnosed with asthma who report that they still have asthma	66.9	61.9	75.5

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

Mortality Rates

The crude mortality rate for the Greater Baltimore service area (997.8) is notably higher compared to Maryland (748.9) and the Nation (806.6).

Table 8. Mortality for All Ages per 100,000 Population (2011)

	U.S.	Maryland	GB Service Area
Total deaths	2,513,171	43,650	3,654
Crude rate	806.6	748.9	997.8[a]

Sources: Center for Disease Control and Prevention, 2012
Maryland Department of Health and Mental Hygiene, 2012
[a] Rate calculated per 2010 population

The table below details mortality rates for the top five leading causes of death in the Greater Baltimore community with comparisons for Maryland and the United States. As shown in the table, Greater Baltimore has a higher crude death rate due to heart disease, cancer, chronic lower respiratory disease, stroke, and accidents than Maryland and the Nation.

Table 9. Leading Causes of Death for All Ages per 100,000 Population (2011)

	U.S.	Maryland	GB Service Area[a]
The following are the top 5 leading causes of death in ranking order of the United States.			
Diseases of heart	191.4	182.9	243.6
Malignant neoplasms (Cancer)	184.6	177.1	213.5[b]
Chronic lower respiratory diseases	46.0	35.7	53.6
Cerebrovascular diseases (Stroke)	41.4	40.1	63.4
Accidents (Unintentional injuries)	39.4	26.7	42.5[c]

Sources: Center for Disease Control and Prevention, 2012
Maryland Department of Health and Mental Hygiene, 2012
[a] Rates calculated per 2010 population
[b] Due to data availability, rate does not include zip codes 21207 or 21236
[c] Due to data availability, rate does not include zip codes 21117, 21222, or 21286

Mental Health

There is limited data available at the local level regarding mental health. Based on the results of the Maryland Behavioral Risk Factor Surveillance System, a higher proportion of Greater Baltimore residents (16.3%) indicate they have been diagnosed with a depressive disorder compared to Maryland (13.6%). This rate is on par with national statistics.

Table 10. Depression (2011)

Has a doctor ever told you that you have a depressive disorder?	U.S	Maryland	GB Service Area
	%	%	%
Yes	16.5	13.6	16.3

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

Tobacco & Alcohol Use

The percentage of Greater Baltimore residents who are currently smokers (17.1%) is higher compared to Maryland (13.7%) and the Nation (14.3%).

Table 11. Smoking Status (2011)

What is your smoking status?	U.S.	Maryland	GB Service Area
	%	%	%
Current smoker (Every day)	14.3	13.7	17.1
Current smoker (Some days)	5.8	5.4	3.7
Former smoker	24.7	22.6	20.9

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

The percentage of Greater Baltimore service area residents who are binge drinkers (16.6%) is favorable compared to Maryland (18.0%) and the Nation (18.3%). Binge drinking is defined as males having five or more drinks on one occasion or females having four or more drinks on one occasion. However, the percentage of chronic drinkers (7.4%) is higher in comparison to the state and nation (6.2% and 6.6% respectively). Chronic drinking is defined as males having more than two drinks per day and females having more than one drink per day.

Table 12. Excessive Drinking (2011)

Alcohol Use in past 30 days:	U.S	Maryland	GB Service Area
	%	%	%
Binge Drinking: Had four (women)/five (men) or more drinks on an occasion	18.3	18.0	16.6
Chronic Drinking: Consumed more than 2 (men)/1 (women) drinks per day	6.6	6.2	7.4

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

Physical Activity & Obesity

According to the Maryland Behavioral Risk Factor Surveillance System (2012), Greater Baltimore adults are more likely to be obese (30.7%) compared to Maryland (28.3%) and the Nation (27.4%). Overall, more than 65% of Greater Baltimore adults are either overweight (body mass index 25.0 – 29.9) or obese (body mass index greater than or equal to 30).

Table 13. Weight Classification Based on Body Mass Index (BMI) (2011)

Calculated BMI	U.S	Maryland	GB Service Area
	%	%	%
Not overweight/obese (BMI ≤24.9)	36.8	35.6	34.7
Overweight (BMI 25.0 – 29.9)	35.8	36.1	34.6
Obese (BMI ≥ 30.0)	27.4	28.3	30.7

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

In addition, the percentage of Greater Baltimore residents who met both weekly guidelines for aerobics and strengthening is lower (17.6%) compared to Maryland (19.8%) and the Nation (20.4%). More than 41% of adults did not meet either the aerobics or strengthening guidelines.

Table 14. Physical Activity (2011)

Meet weekly aerobics and strengthening guidelines	U.S	Maryland	GB Service Area
	%	%	%
Met both guidelines	20.4	19.8	17.6
Met aerobics only	30.9	28.8	25.2
Met strengthening only	8.7	10.2	15.7
Did not meet either	40.0	41.2	41.5

Source: Maryland Behavioral Risk Factor Surveillance System, 2012

FINAL THOUGHTS

The secondary data profile for the Greater Baltimore community provided valuable context regarding how socioeconomic factors like income, education levels, and housing may influence local health outcomes. Based on a review of the secondary data, the following health issues appear to be areas of opportunity for the Greater Baltimore service area:

Areas of Opportunity

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

IV. KEY INFORMANT INTERVIEWS OVERVIEW

BACKGROUND

A survey was conducted among area "Key Informants." Key informants were defined as community stakeholders with expert knowledge including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other area authorities.

Holleran staff worked closely with Greater Baltimore Medical Center, Sheppard Pratt Health System, and University of Maryland St. Joseph Medical Center to identify key informant participants and to develop the Key Informant Survey Tool. A copy of the questionnaire can be found in Appendix B. The questionnaire focused on gathering qualitative feedback regarding perceptions of community needs and strengths across 3 key domains:

- Key Health Issues
- Health Care Access
- Challenges & Solutions

A total of 18 telephone interviews were conducted by Holleran's teleresearch center from November 2012 through January 2013. It is important to note that the results reflect the perceptions of some community leaders, but may not necessarily represent all community representatives within Baltimore County, Maryland. See Appendix C for a listing of key informant participants. The following section provides a summary of the Key Informant Interviews including key themes and select comments.

KEY THEMES

Key Health Issues

The first section of the survey focused on the key health issues facing the community. Individuals were asked to select the top three health issues that they perceived as being the most significant. The three issues that were most frequently selected were:

- Access to Health Care/Uninsured/Underinsured
- Mental Health/Suicide
- Overweight/Obesity

The following table shows the breakdown of the percent of respondents who selected each health issue. Issues are ranked from top to bottom based on number of participants who selected the health issue. The first column depicts the total percentage of respondents that selected the health issue as one of their top three. Respondents were also asked of those health issues mentioned, which one issue is the most significant. The second column depicts the percentage of respondents that rated the issue as being the most significant health issue.

Table 1: Ranking of Key Health Issues

Rank	Health issue	Percent of respondents who selected the issue	Percent of respondents who selected the issue as the most significant
1	Access to Health Care	72%	33%
2	Overweight/Obesity	56%	22%
3	Mental Health/Suicide	44%	22%
4	Diabetes	33%	6%
5	Substance Abuse/Alcohol Abuse	22%	6%
6	Heart Disease	17%	0%
7	Maternal/Infant Health	17%	6%
8	Aging/Chronic Disease/Disability	17%	0%
9	Cancer	11%	0%
10	Dental Health	11%	6%
11	Tobacco	11%	0%

Figure 1 shows the key informant rankings of all the key health issues. The bar depicts the total percentage of respondents that ranked the issue in their top three.

"What are the top 3 health issues you see in your community?"

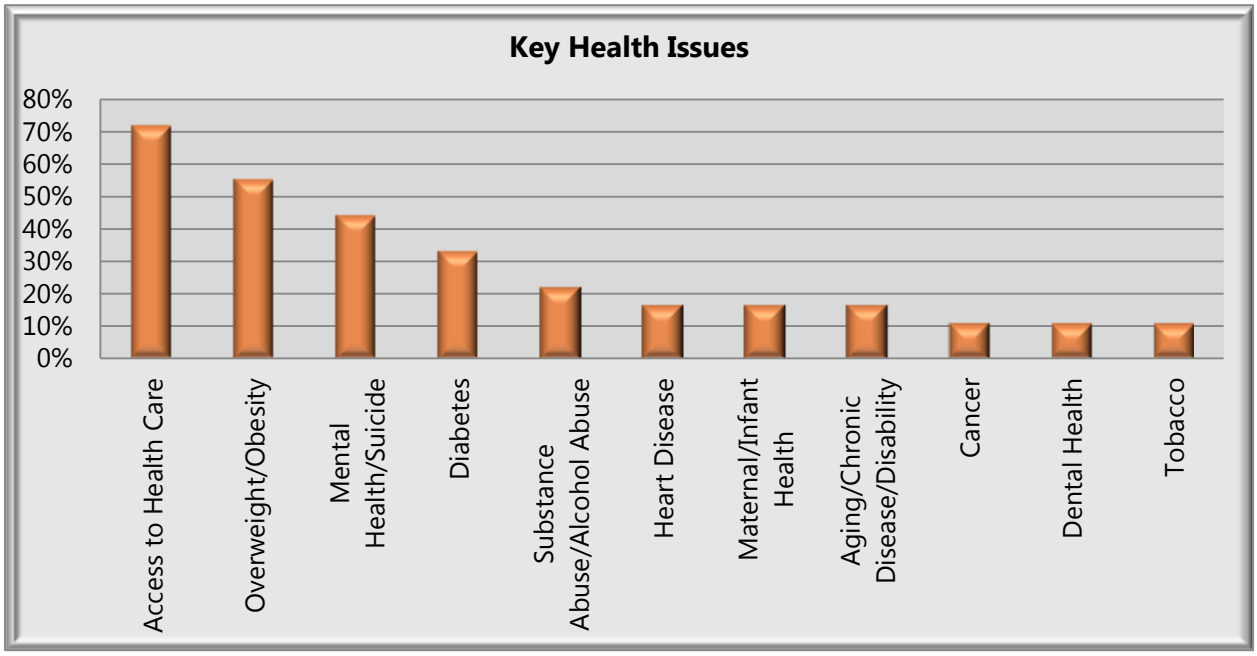

Figure 1: Ranking of key health issues

An 'other' option was provided to allow respondents to select an issue that was not on the list. Other key health issues that were specified include:

- Childhood Asthma
- Arthritis

After selecting the top three issues, respondents were asked to share any additional information regarding the health issues they selected and reasons for their selections. The following section provides a brief summary of the key health issues and highlights related comments.

Access to Health Care was the most frequently selected health issue with 72% of informants ranking it among the top three key health issues. Approximately one-third of informants ranked it as the most significant issue facing the community.

Select Comments related Access to Health Care Issues:

- *"If people can't access health care when they need it, it affects their economic status, their ability to earn, and their ability to care for others. It has far reaching effects."*
- "*Health care is so expensive. We have too many uninsured or underinsured. That is a problem for everyone, even the ones who do have insurance - it makes their care more expensive."*
- *"Access to health care is a critical issue that affects people across the board from young to old."*
- *"There are lots of people uninsured right now because they can't afford high premiums or their employers don't provide health insurance. They aren't able to go to a medical facility and get the care they need or pay for their medicine."*
- *"Our health care system isn't as user friendly as I would like it to be."*

Overweight/Obesity was the second most frequently selected health issue with 56% of informants ranking it among the top three key health issues. 22% of informants ranked Overweight/Obesity as the most significant issue facing the community. Respondents feel that reducing obesity can lead to improvements in many other key health issues.

Select Comments related to Overweight/Obesity:

- *"Obesity is a health priority of the Baltimore County Coalition. Obesity numbers for children and youth are very high, and they are increasing just as they are increasing nationally."*
- *"Obesity is a nationwide problem as well as in this area. I'm on a Baltimore County Health Department Coalition group that is looking at obesity related strategies for children and youth."*
- *"As an educator, I see many students coming from middle school who are overweight, out of shape, and not as active as they should be. They do not really realize or understand how it affects their health."*
- *"Obesity has an impact on blood pressure, cardiovascular disease, diabetes, arthritis, and cancers."*
- *"Long term chronic and serious health conditions are associated with obesity."*
- *"Obesity affects people of all ages and the data indicates that it doesn't seem to be slowing down in terms of the increasing numbers we see across the country."*

Mental Health/Suicide was the third most frequently selected health issue with 44% of informants selecting it among the top three key health issues. 22% of respondents ranked mental health as the most significant issue facing the community. Respondents indicated that the resources available for the treatment of mental health issues are insufficient.

Select Comments related to Mental Health:

- *"It's a significant problem. Research suggests that one out of five will be affected by mental health issues in their lifetime."*
- *"Mental health is a big issue and it affects quality of life in so many ways."*
- *"There need to be more mental health services available for children. Families constantly contact us because their children's mental/behavioral needs are not being met. Their private insurance won't cover it, they are not eligible for a service, or they can't get special education for their child. There are a number of reasons why it's difficult to get help in the mental health area for children."*
- *"Mental health issues often start in late teens or twenties. If you develop cancer, diabetes, or cardiac disease later on, they can complicate chronic disease."*
- *Among the women that come to our organization for services, approximately ninety percent self-report a mental health issue."*

Diabetes was the fourth most frequently selected health issue with approximately 33% of key informants ranking it among the top three key health issues.

Select Comments related to Diabetes:

- *"Diabetes is a major issue in our society. A lot of that is due to poor lifestyle, lack of exercise, poor diet. It affects everyone, children through senior citizens."*
- *"Diabetes is one of the most common issues we see on health assessments."*
- *"Diabetes can lead to serious complications such as vascular, vision, dental problems if it is not kept in control."*

Health Care Access

Availability of Services

The second set of questions concerned the ability of local residents to access health care services such as primary care providers, medical specialists, dentists, transportation, Medicaid providers, and bilingual providers. Respondents were provided with statements such as: "Residents in the area are able to access a primary care provider when needed." They were then asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are displayed in Table 2.

"On a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), please rate each of the following statements about Health Care Access."

Table 2: Mean Responses for Health Care Access Factors

Factor	Mean Response	Corresponding Scale Response
Residents in the area are able to access a primary care provider when needed (Family Doctor, Pediatrician, General Practitioner)	3.06	Neither agree nor disagree
Residents in the area are able to access a medical specialist when needed (Cardiologist, Dermatologist, Neurologist, etc.)	2.89	Disagree
Residents in the area are able to access a dentist when needed.	2.61	Disagree
There is a sufficient number of providers accepting Medicaid and medical assistance in the area.	2.39	Disagree
There is a sufficient number of bilingual providers in the area.	1.78	Strongly Disagree
There is a sufficient number of mental/ behavioral health providers in the area.	2.44	Disagree
Transportation for medical appointments is available to residents in the area when needed.	2.22	Disagree

Health care access appears to be a significant issue in the community. As illustrated in Table 2 and Figure 2, very few informants strongly agree to any of the health care access factors. Most respondents 'Disagree' with community residents' ability to access care. Availability of bilingual providers garnered the highest percent of 'Strongly disagree' responses (45%) and lowest mean response (1.78) compared to the other factors. Availability of mental/behavioral health providers, providers accepting Medicaid, dentists, specialists, and transportation were also concerns.

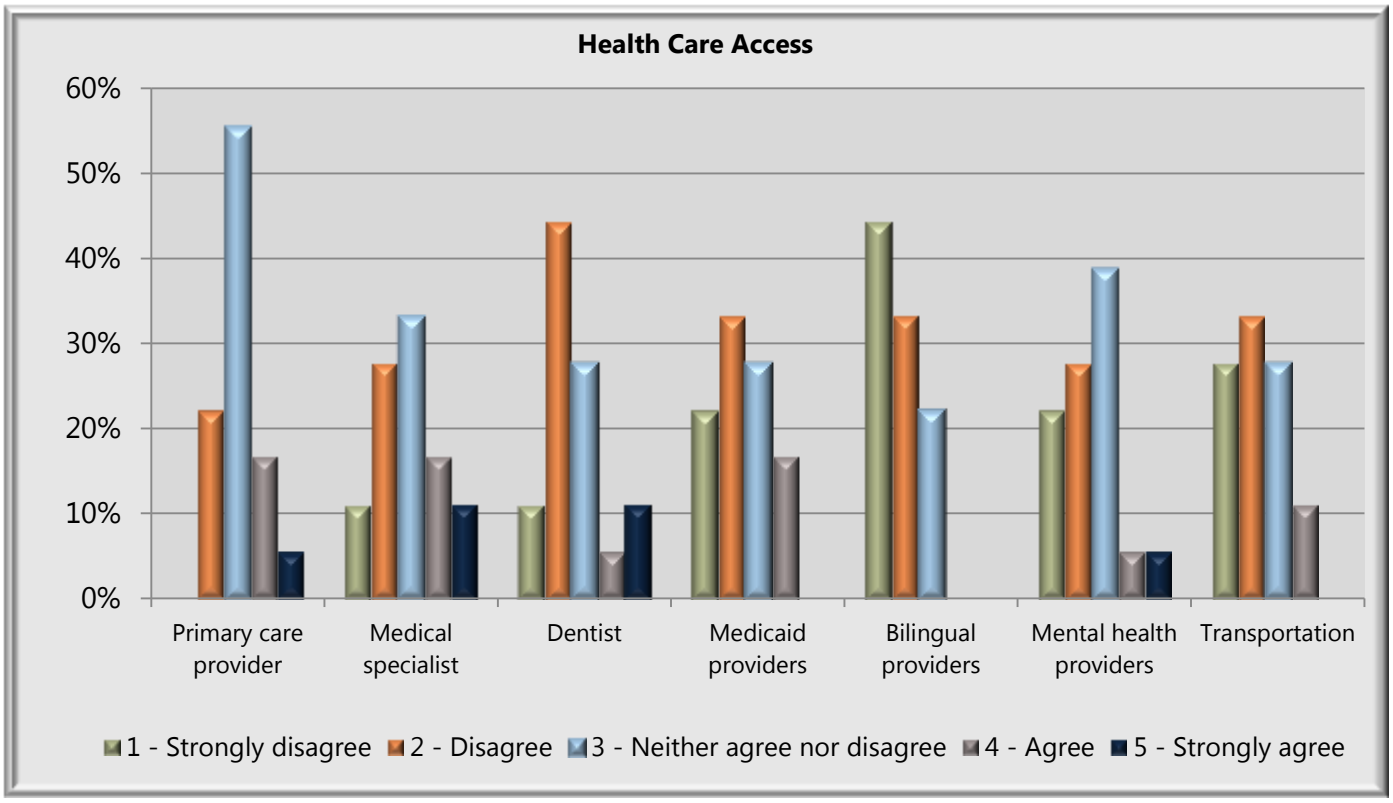

Figure 2: Frequency of responses for health care factors

Barriers to Health Care Access

After rating availability of health care services, the informants were asked about the most significant barriers that keep people in the community from accessing health care when they need it. The barriers that were most frequently selected were:

- Lack of Health Insurance Coverage
- Inability to Pay Out of Pocket Expenses
- Lack of Transportation

Table 3 shows the breakdown of the number of respondents who selected each barrier. Barriers are ranked from top to bottom based on the frequency of participants who selected the barrier. Figure 3 shows a graphical depiction of the frequency of selected barriers to health care access.

"What are the most significant barriers that keep people in the community from accessing health care when they need it?"

Table 3: Ranking of Barriers to Health Care Access

Rank	Barrier to Health Care Access	Number of respondents who selected the issue
1	Lack of Health Insurance Coverage	9
2	Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)	7
3	Lack of Transportation	6
4	Availability of Providers/Appointments	5
5	Language/Cultural Barriers	3
6	Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)	3
7	Inability to Navigate Health Care System	2
8	Lack of Trust	1

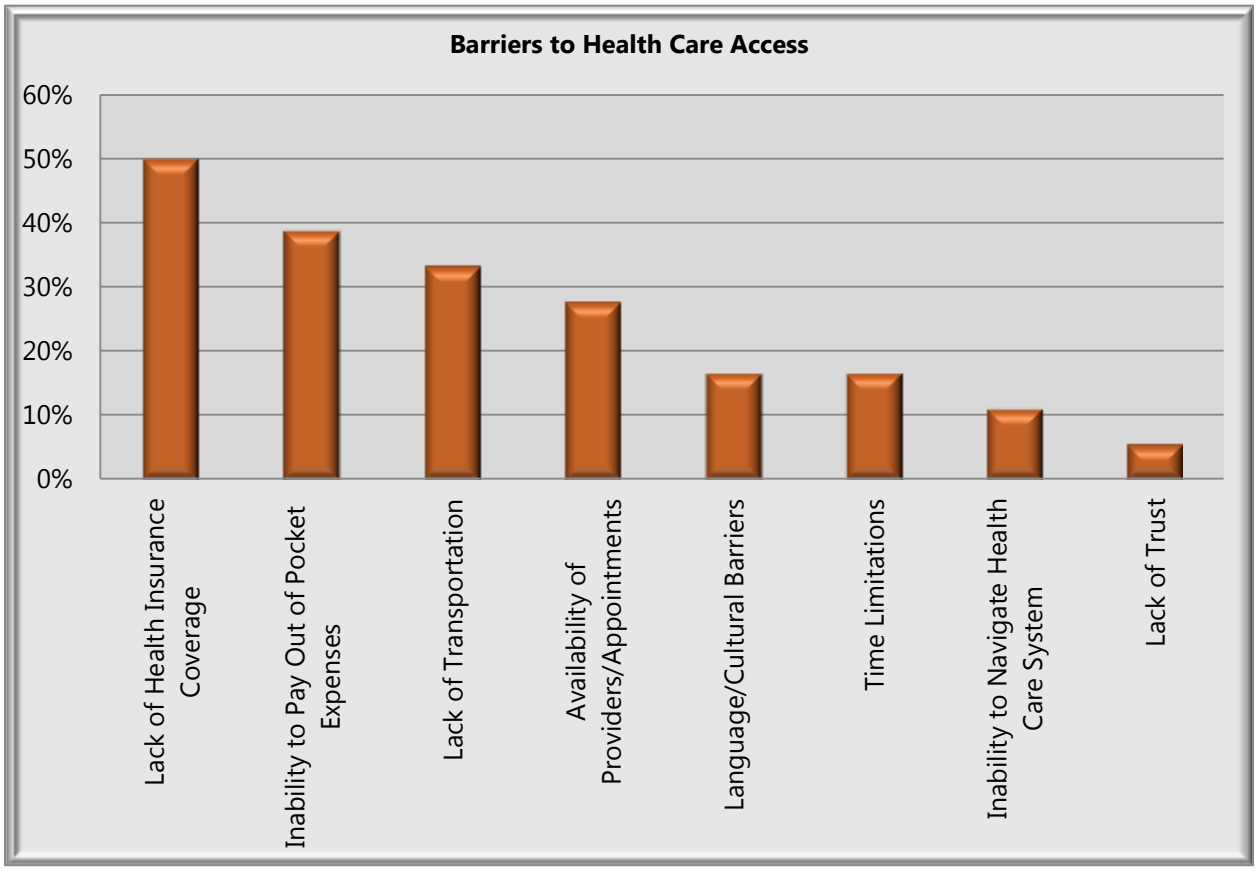

Figure 3: Ranking of barriers to health care access

After selecting the most significant barriers, informants were asked to share any additional information regarding the barriers to accessing health care.

Select Comments regarding Health Care Access & Barriers:

- *"One of my primary responsibilities here is transportation, and I can tell you that there are not nearly enough resources to get people to medical care."*
- *"One of the major issues for people in getting the proper health care they need is being able to get to a facility where they will be treated."*
- *"If I have to depend on public transportation, it's very difficult to get around because the transportation system in Baltimore County is very limited and only covers certain routes. To get from one location in the county to another sometimes you have to take a bus into Baltimore City and then back out into Baltimore County to reach your destination."*
- *"Baltimore County is large without a good public transportation system so getting to appointments is difficult."*
- *"Folks without insurance often call local health providers looking for a place to get primary care. Trying to find doctor that does primary care on a sliding scale fee or pro bono is a challenge. It doesn't happen."*

Underserved Populations

Informants were then asked whether they thought there were specific populations who are not being adequately served by local health services. As seen in Figure 4, the majority of respondents (89%) indicated that there are underserved populations in the community.

"Are there specific populations in this community that you think are not being adequately served by local health services?"

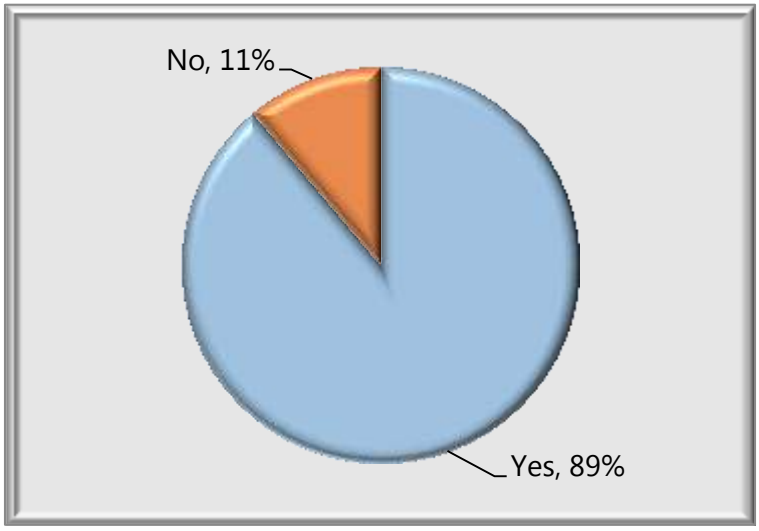

Figure 4: Key informant opinions regarding underserved populations

Those respondents were asked to identify which populations they thought were underserved. The results can be found in Table 4 below.

Table 4: Underserved Populations

	Underserved Populations	Number of respondents who selected population
1	Uninsured/Underinsured	6
2	Hispanic/Latino	6
3	Homeless	6
4	People with Mental Health/Substance Abuse Issues	4
5	Black/African-American	3
6	People with Disabilities	3
7	Low-income/Poor	2
8	Immigrant/Refugee	2
9	Children/Youth	1
10	Young Adults	1
11	Veterans	1

Select Comments regarding Underserved Populations:

- *"With significant Hispanic and immigrant populations, I think the language barrier is a big concern for health care."*
- *"The diversity of our population means we have to think twice about how we deliver services which includes bringing in bilingual staff and translators."*
- *"If they have a language barrier and are not able to read or speak English, they have no idea where to go for services."*
- *"Undocumented immigrants are often afraid to go to health care facilities for fear they will be turned into immigration so they forgo medical treatment."*
- *"We have undocumented individuals that do not get served adequately."*
- *"Based on a recent analysis of the managed care organizations that serve the Medicaid program, only 50% of the Medicaid recipients in the program are getting the substance abuse services that they need."*
- *"I think the medical assistance population doesn't feel welcomed or treated with respect. I know my daughter has medical assistance, and I can see the difference in the treatment she gets versus what I get with private insurance."*
- *"Most doctors don't have adjustable examination tables to accommodate people who are in wheelchairs. Also, waiting rooms are not designed to accommodate people in wheelchairs, they are usually stuck in the middle of the room where they are in the way and feel they stick out like a sore thumb."*
- *"Education about disabilities should be provided for medical providers when they begin medical training."*
- *"Deaf and hard of hearing individuals are not being adequately served. Virtually no doctor or dentist uses sign language."*
- *"People are generally uneducated on how to deal with someone with autism."*

- *"There are many veterans that are part of the homeless populations whose needs aren't being addressed."*
- *"We have lots of homeless women who use our services who suffer from severe mental illness and don't have access to the mental health that they need."*
- *"We're seeing an increase in older adults (ages 60 to 64) who are unemployed but not eligible for Medicare yet. Those people are falling between the cracks."*
- *"Many young adults are uninsured and don't have access to primary preventative care."*
- *"The numbers show African American men have poor health indicators. To me, that's a population that's not served well."*

Health Care for Uninsured/Underinsured

Next, the informants were asked to select where they think most uninsured and underinsured individuals go when they are in need of medical care. Table 5 and Figure 5 show the results.

In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care?

Table 5: Ranking of Where Uninsured and Underinsured Individuals Receive Medical Care

Rank	Location	Number of respondents who selected location	Percent of respondents who selected location
1	Hospital Emergency Dept.	18	88.9%
2	Walk-in/Urgent Care Center	1	5.6%
3	Don't Know	1	5.6%

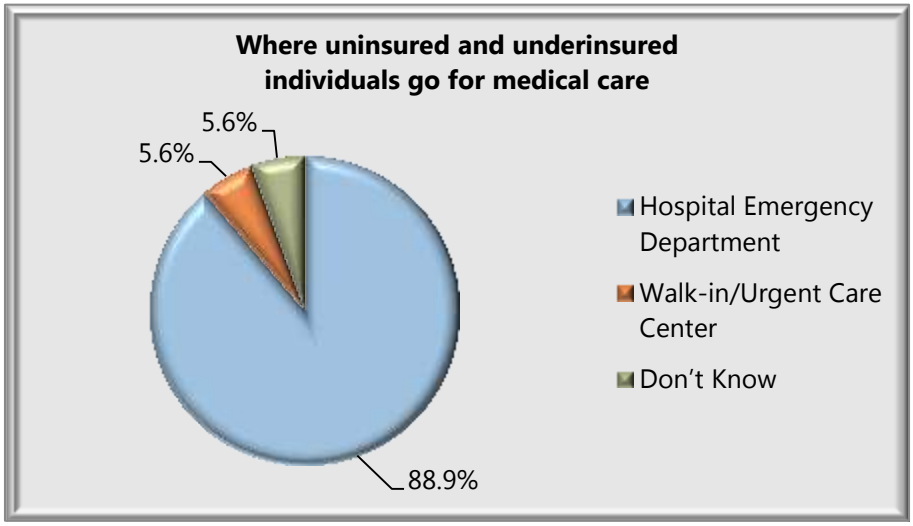

Figure 5: Key informant opinions of where uninsured/underinsured individuals receive medical care

The majority of respondents (88.9%) indicated that most uninsured and underinsured individuals go to the Hospital Emergency Department for medical care. Respondents stated that people use the Emergency Department for non-emergency care for a number of reasons:

- They do not have health insurance coverage.
- They are seeking financial assistance/charity care.
- They believe the ED is the only place they can't be turned away.
- They believe they have no other options.
- Lack of primary care providers
- Lack of urgent care centers
- ED is accessible and open 24/7.
- They do not know where else to get care.

Several informants mentioned that there is a need for education around appropriate use of emergency services and navigating the health care system.

Resources Needed to Improve Access

Respondents were asked to identify key resources or services they felt would be needed to improve access to health care for residents in the community. Table 6 includes a listing of the resources mentioned ranked in order of the number of mentions. Many Key Informants indicated that there was a need for Transportation. Informants also felt there was a need for more Health Education, Information, and Outreach. Several informants mentioned that mental health and substance abuse services are inadequate. In addition, respondents suggested that additional free and low cost medical and dental services would help improve access.

Table 6: Listing of Resources Needed in the Community

Rank	Resources Needed	Number of Mentions
1	Transportation	7
2	Health Education/Information/Outreach	7
3	Mental Health Services	5
4	Substance Abuse Services	5
5	Free/Low Cost Medical Care	5
6	Free/Low Cost Dental Care	3
7	Bilingual Services	2
8	Health Screenings	2
9	Prescription Assistance	2
10	Medical Specialists	1
11	Primary Care Providers	1
12	Free/Low Cost Recreational Programs	1
13	Assistance for Elderly	1
14	Homeless Medical Services	1

Challenges & Solutions

The final section of the survey focused on challenges to maintaining healthy lifestyles, perceptions of current health initiatives, and recommendations for improving the health of the community.

When asked what challenges people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy, participants suggested the following common challenges:

- Cost/Access
- Motivation/Effort
- Time/Convenience
- Education/Knowledge

Several participants indicated that cost is a barrier. They explained that healthy foods like fresh fruits and vegetables can be expensive, and unhealthy food is often cheaper. Participants also mentioned that gym memberships and fitness programs can be expensive. In addition, informants expressed concerns about lack of awareness and education.

Select Comments regarding Challenges to Maintaining Healthy Lifestyles:

- *"Different cultures have different food preferences and tastes. Many people have grown up on a diet that isn't healthy. Getting people to change their culture and traditions related to eating is very difficult."*
- *"People are being forced to make economic choices that can affect their access to better health care, better food choices, and wellness programs."*
- *"If you're working two jobs to support your family, you really don't have time to exercise or the finances to purchase fresh foods."*
- *"There are people whose food choices are limited to the food store on the corner. We encourage them to eat fruit and vegetables, but when they go to the store they don't have fruits and vegetables."*
- *"People have difficulty affording healthy foods and affording their prescriptions."*
- *"Many people do not have the budget or the education to make healthy eating choices."*
- *"We don't have enough parks in the area. There's not adequate outdoor space for children in terms of the field space for recreational sports and pathways for adults. The safety of playgrounds in high population areas is a big barrier as well."*
- *"We need comprehensive physical education programs in Greater Baltimore area schools.*

Respondents were asked "What is being done well in the community in terms of health and quality of life?" Overall, there were many positive comments about programs in the community; however, it is important to note that some informants felt that not enough was being done and that there was still a lot of work needed to improve community health.

Select Comments regarding What is Being Done Well:

- *"I think the hospitals in our area are an asset. We are very fortunate to have the hospitals that we have."*
- *"There is a coalition formed in the county, and there are groups and councils that are looking at specific issues."*
- *"The county has a rich library system which is an asset if people take advantage of it."*
- *"The hospitals have been reaching out with some successful community outreach programs."*
- *"We are very lucky to have so many high quality health care systems in the area as well as institutions like Towson University, Community College of Baltimore County (CCBC), and Johns Hopkins. I think that is a huge resource for all of us. We are fortunate."*
- *"I think the clinic is an asset - we are trying to educate people about healthy eating and weight management along with treating their chronic conditions."*
- *"I think we do as good as any other community with schools, government, and community organizations doing their part to inform and provide what they can."*
- *"I think the Baltimore area has outstanding leaders in health and the availability of numerous academic institutions. They help secure funding to various innovative and evidence-based practices."*
- *"One of the things I've recently discovered is the United Way help line. They have quite an incredible help line about everything - medical services, shelters, child abuse - all kinds of things. It's been a very good resource in my line of work to refer people to United Way to get the services they need."*
- *"I think awareness is up. I think people are more aware that we have a problem and I think they are looking for the solution to fix it."*
- *"I think one of the biggest assets we have in this community for homeless services is Health Care for the Homeless. They are doing lots of good work in terms of educating and advocating for homeless folks, and providing health care and mental health and substance abuse services, but I think we need more."*
- *"I think as a community that we're much more aware of the importance of prevention."*
- *"In general, Maryland is a pretty progressive state when it comes to health care. We have a lot of model programs, in fact many of the practices listed in the Affordable Care Act; we were already doing in the state, like extending insurance coverage for young adults."*
- *"Recently, there's been a lot of emphasis put on children's health and working through the school system to improve health, which I think is working well."*
- *"I think it's an asset that we have three very strong medical facilities so close together as well as the University being there as a resource. I think they've made great strides in using their relationships to benefit the community."*
- *"We have active recreation centers in the community."*
- *"Baltimore County has been working hard to improve its bike trails."*
- *"There are tremendous resources in Baltimore County so I don't think it's a matter of bringing additional resources in. It's a matter of making those resources accessible to a greater amount of people in the population."*

Next, key informants were asked "What recommendations or suggestions do you have to improve health and quality of life in the community?" Several major themes emerged from the comments including the following:

- Increased Awareness/Education/Community Outreach
- Improved Access to Affordable Medical, Dental, and Mental Health Care
- Increased Collaboration & Coordination

Select Comments regarding Recommendations to Improve Health:

- *"More health education with practical examples and suggestions on how to apply changes to their daily life."*
- *"The schools should offer health education and physical education to students and their families."*
- *"Better education for medical providers about people with disabilities."*
- *"More outreach is needed. I think the outreach the hospitals do should continue, but there should be more of it. The community should be flooded with information of where to go for what."*
- *"The hospitals need to get out into the community more."*
- *"We need more clinics and places where people who are uninsured or underinsured can go to get the services they need."*
- *"Local hospitals should work to build partnerships with local non-profits and become active partners in the Health Coalition."*
- *"We need to look at transportation as being one of the major access barriers for people in the community and either invest in expanding existing programs or possibly create some new programs."*
- *"It's important to be aware of culture, cultural values and norms to be culturally sensitive in how you present information because that affects how the information is received."*
- *"We need more bilingual staff to work with people who do not speak English."*
- *"We should focus on coordinated programs that support people with various health conditions and educate on healthy lifestyle choices.*
- *"Continue and expand wellness campaigns focused on promoting healthy behaviors – eating healthy, exercising, and quitting smoking."*
- *"There is a need for better community services so people with mental illness and addiction needs do not end up in the emergency room unnecessarily."*
- *"Make sure people have insurance and then set up a community system of accountable care organizations where hospitals are working with community providers for increased access to affordable services."*
- *"Offer mobile crisis services at the emergency room to divert people to more appropriate places for them to get care that is less costly for the system."*

FINAL THOUGHTS

Many of the key informants expressed appreciation for the opportunity to share their thoughts and experiences and indicated interest and support for efforts to improve community health. Based on the feedback from the key informants, the following issues were identified as areas of opportunity for the local community.

Areas of Opportunity

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

V. OVERALL ASSESSMENT FINDINGS & CONCLUSIONS

COMMUNITY HEALTH ISSUES

While the research components for the Community Health Needs Assessment yield different perspectives and information, some common themes emerged. The following list outlines key health issues that were identified.

Access to Health Care

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

Overweight/Obesity

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

Mental Health

According to data from the Maryland Behavioral Risk Factor Surveillance System, a higher proportion of Greater Baltimore residents indicate they have been diagnosed with a depressive disorder compared to Maryland. Greater Baltimore residents are also more likely to be chronic drinkers compared to the state and Nation. In addition, Key Informants ranked Mental Health as the third most significant health issue facing the community. Informants emphasized the need for education, prevention, treatment, and support services.

Chronic Health Conditions (Diabetes, Heart Disease, Cancer, Asthma)

Maryland Behavioral Risk Factor Surveillance System data indicates that Greater Baltimore residents are more likely to report having cancer, heart attacks, and asthma compared to Maryland residents overall. In addition, overall mortality rates and mortality rates for certain chronic conditions (heart disease, cancer, chronic lower respiratory disease, stroke) are higher in the Greater Baltimore area compared to Maryland and the U.S. as a whole. Risk factors for these chronic diseases (obesity, tobacco use, and alcohol use) are also higher in Greater Baltimore compared to the rest of the state and nation. Key Informants also expressed concern for chronic health conditions. Specifically, they ranked Diabetes as the fourth most significant health issue facing the community. Key Informants suggested that community health efforts should focus on community outreach and awareness, health education and prevention, chronic disease management, coordinated care, and access to services.

APPENDIX A: SECONDARY DATA PROFILE REFERENCES

Centers for Disease Control and Prevention. (2012). *BRFSS annual survey data.* Retrieved from http://www.cdc.gov/brfss/technical_infodata/surveydata.htm

Centers for Disease Control and Prevention. (2008). *National vital statistics system*. Retrieved from http://www.cdc.gov/nchs/nvss.htm

Centers for Disease Control and Prevention. (2009). *National vital statistics system*. Retrieved from http://www.cdc.gov/nchs/nvss.htm

Centers for Disease Control and Prevention. (2010). *National vital statistics system*. Retrieved from http://www.cdc.gov/nchs/nvss.htm

Centers for Disease Control and Prevention. (2011). *National vital statistics system*. Retrieved from http://www.cdc.gov/nchs/nvss.htm

Centers for Disease Control and Prevention. (2012). *National vital statistics system*. Retrieved from http://www.cdc.gov/nchs/nvss.htm

Maryland Behavioral Risk Factor Surveillance System. (2012). *BRFSS – 2011 results*. Retrieved from http://www.marylandbrfss.org/cgi-bin/broker.exe

Maryland Department of Health and Mental Hygiene. (2008). *Vital statistics administration: reports and vital statistics*. Retrieved from http://dhmh.maryland.gov/vsa/SitePages/reports.aspx

Maryland Department of Health and Mental Hygiene. (2009). *Vital statistics administration: reports and vital statistics*. Retrieved from http://dhmh.maryland.gov/vsa/SitePages/reports.aspx

Maryland Department of Health and Mental Hygiene. (2010). *Vital statistics administration: reports and vital statistics*. Retrieved from http://dhmh.maryland.gov/vsa/SitePages/reports.aspx

Maryland Department of Health and Mental Hygiene. (2011). *Vital statistics administration: reports and vital statistics*. Retrieved from http://dhmh.maryland.gov/vsa/SitePages/reports.aspx

Maryland Department of Health and Mental Hygiene. (2012). *Vital statistics administration: reports and vital statistics*. Retrieved from http://dhmh.maryland.gov/vsa/SitePages/reports.aspx

U.S. Census Bureau. (2000). *Census 2000 gateway.* Retrieved from http://www.census.gov/main/www/cen2000.html

U.S. Census Bureau. (2010). *American fact finder.* Retrieved from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

U.S. Census Bureau. (2010). *State & county quick facts*. Retrieved from http://quickfacts.census.gov/qfd/states/47000.html

U.S. Department of Health and Human Services. (2010). *Topics and objectives index – Healthy people*. Retrieved from http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

U.S. Department of Health and Human Services. (2012). *The 2012 HHS poverty guidelines*. Retrieved from http://aspe.hhs.gov/poverty/12poverty.shtml

APPENDIX B: KEY INFORMANT QUESTIONAIRRE

INTRODUCTION: Good morning/afternoon, this is _____ with Holleran Consulting. I'm calling on behalf of Greater Baltimore Medical Center, Sheppard Pratt Health System, and University of Maryland St. Joseph Medical Center .You should have received a letter and/or email requesting your participation in a brief survey that is part of a community needs assessment.

Your perspective about the community is valuable in identifying ways to improve community health. The survey will take about 15 minutes to complete over the phone. If you have time, I could administer the survey now. Otherwise, I would be glad to schedule a time to talk later. Would you like to take the survey now, or schedule a more convenient time?

Holleran is an independent research firm. Your responses will only be used in a report of this study, which is part of a greater Community Health Needs Assessment. Please note that while your responses, including specific quotations, may be included in the report, your identity will be kept confidential.

KEY HEALTH ISSUES

1. What are the top **three health** issues you see in your community? (CHOOSE 3)

Caller: Do not read list unless prompt needed:

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ Mental Health/Suicide	

Probes: Why do you think that? What makes you say that? Can you give an example?

2. Of those issues mentioned, which **one** is the most significant? (CHOOSE 1)

☐ Access to Care/Uninsured	☐ Overweight/Obesity
☐ Cancer	☐ Sexually Transmitted Diseases
☐ Dental Health	☐ Stroke
☐ Diabetes	☐ Substance Abuse/Alcohol Abuse
☐ Heart Disease	☐ Tobacco
☐ Maternal/Infant Health	☐ Other (specify):
☐ Mental Health/Suicide	

Probes: Why do you think that? What makes you say that? Can you give an example?

ACCESS TO CARE

On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Health Care Access** in the area.

Strongly disagree←→Strongly agree

3. Residents in the area are able to access a primary care provider when needed. (Family Doctor, Pediatrician, General Practitioner)	☐1 ☐2 ☐3 ☐4 ☐5
4. Residents in the area are able to access a medical specialist when needed. (Cardiologist, Dermatologist, Neurologist, etc.)	☐1 ☐2 ☐3 ☐4 ☐5
5. Residents in the area are able to access a dentist when needed.	☐1 ☐2 ☐3 ☐4 ☐5
6. There is a sufficient number of providers accepting Medicaid and Medical Assistance in the area.	☐1 ☐2 ☐3 ☐4 ☐5
7. There is a sufficient number of bilingual providers in the area.	☐1 ☐2 ☐3 ☐4 ☐5
8. Transportation for medical appointments is available to area residents when needed.	☐1 ☐2 ☐3 ☐4 ☐5
9. There is a sufficient number of mental/behavioral health providers in the area.	☐1 ☐2 ☐3 ☐4 ☐5

10. What are the most significant barriers that keep people in the community from accessing health care when they need it?

Caller: Do not read list unless prompt needed:

☐ Availability of Providers/Appointments
☐ Basic Needs Not Met (Food/Shelter)
☐ Inability to Navigate Health Care System
☐ Inability to Pay Out of Pocket Expenses (Co-pays, Prescriptions, etc.)
☐ Lack of Child Care
☐ Lack of Health Insurance Coverage
☐ Lack of Transportation
☐ Lack of Trust
☐ Language/Cultural Barriers
☐ Time Limitations (Long Wait Times, Limited Office Hours, Time off Work)
☐ Other (specify):

Probes: Why do you think that is? Can you give an example of that? What are some ways we could minimize those barriers?

11. Are there specific populations in this community that you think are not being adequately served by local health services?

__ Yes __ No

12. **If yes**, which populations are underserved?

Do not read list unless prompt needed:

☐ Uninsured/Underinsured
☐ Low-income/Poor
☐ Hispanic/Latino
☐ Black/African-American
☐ Immigrant/Refugee
☐ Disabled
☐ Children/Youth
☐ Young Adults
☐ Seniors/Aging/Elderly
☐ Homeless
☐ Other (specify):

Probes: Why do you think that is? Can you give an example of how they are not being served?

13. In general, where do you think MOST uninsured and underinsured individuals living in the area go when they are in need of medical care? (CHOOSE 1)

Do not read list unless prompt needed:

☐ Doctor's Office
☐ Health Clinic
☐ Hospital Emergency Department
☐ Walk-in/Urgent Care Center
☐ Don't Know
☐ Other (specify):

Probes: Why do you think they go there? How could we make other options more accessible?

14. Related to health and quality of life, what services or resources do you think are missing in the community?

Do not read list unless prompt needed:

☐ Free/Low Cost Medical Care
☐ Free/Low Cost Dental Care
☐ Primary Care Providers
☐ Medical Specialists
☐ Mental Health Services
☐ Substance Abuse Services
☐ Bilingual Services
☐ Transportation
☐ Prescription Assistance
☐ Health Education/Information/Outreach
☐ Health Screenings
☐ Other (specify):

15. What challenges do people in the community face in trying to maintain healthy lifestyles like exercising and eating healthy?

    Probes: What makes it difficult for people to make healthy choices? What challenges do people face in trying to manage chronic conditions like diabetes or heart disease?

16. In your opinion, what is being done ***well*** in the community in terms of health and quality of life?

    Probes: What are some Community Assets/Strengths/Successes? Can you give an example?

17. What recommendations or suggestions do you have to improve health and quality of life in the community?

    Probe: Do you have any other suggestions/feedback for the hospital?

CLOSING

18. Please answer a few quick demographic questions.

Which one of these categories would you say BEST represents your community affiliation? (CHOOSE 1)

☐	Health Care/Public Health Organization
☐	Mental/Behavioral Health Organization
☐	Non-Profit/Social Services/Aging Services
☐	Faith-Based/Cultural Organization
☐	Education/Youth Services
☐	Government/Housing/Transportation Sector
☐	Business Sector
☐	Community Member
☐	Other (specify):

What is your gender? __ Male __ Female

What is your race/ethnicity? (CHOOSE 1 that best represents their race)

☐	White/Caucasian
☐	Black/African American
☐	Hispanic/Latino
☐	Asian/Pacific Islander
☐	Other (specify):

Greater Baltimore Medical Center, Sheppard Pratt Health System, and University of Maryland St. Joseph Medical Center will be using the information gathered through these surveys to develop a community health implementation plan. Your feedback is very valuable. I appreciate your participation.

Thank you! That concludes the survey.

APPENDIX C: KEY INFORMANT STUDY PARTICIPANT LIST

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