

**Johns Hopkins Bayview Medical Center  
Community Health Needs Assessment**

Fiscal Year 2013

May 20, 2013



**JOHNS HOPKINS**  
M E D I C I N E

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**JOHNS HOPKINS BAYVIEW MEDICAL CENTER**

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COMMUNITY HEALTH NEEDS ASSESSMENT  
AND IMPLEMENTATION STRATEGY  
FY 2013**

**TABLE OF CONTENTS**

<b>CONTENTS</b>	<b>PAGE</b>
I. Executive Summary .....	1
II. Introduction	
a. Overview .....	2
b. The Community We Serve .....	2
III. Approach and Methodology	
a. Community Health Needs Assessment Purpose.....	7
b. Data Collection .....	8
c. Data Synthesis .....	9
d. Community Input .....	12
e. Data Gaps Identified .....	14
IV. Selecting Priorities	
a. Hospital Priorities.....	14
b. Hospital Programs/Activities that Support Other Key Health Needs .....	17
c. Community Resources .....	20
V. Implementation Strategy	
a. Unaddressed Identified Needs .....	20
b. Addressed Needs .....	21
VI. Conclusion	
VII. Appendices	
a) Appendix A JHH/JHBMC Community Interviews .....	24
b) Appendix B Health Expert Interviews .....	26
c) Appendix C JHBMC Community Health Needs Assessment Steering Committee.....	28
d) Appendix D JHHS Community Benefits Work Group FY 2012 .....	29

e) Appendix E JHHS Community Benefits Advisory Council FY 2012.....	30
f) Appendix F Survey Instrument.....	31
g) Appendix G Community Survey Results.....	34
h) Appendix H Participating Community Organization Survey Sites .....	36
i) Appendix I Johns Hopkins Bayview Medical Center Interview Summary.....	37
j) Appendix J Community Health Needs Assessment Public Forum Summary.....	38
k) Appendix K Public Forum Voting Results .....	39
l) Appendix L Other Data Considered .....	41
m) Appendix M References .....	48

## **I. Executive Summary**

Johns Hopkins Bayview Medical Center, located in Baltimore, Maryland, is a 558-bed, full-service, Joint Commission-accredited hospital. Johns Hopkins Bayview is an academic medical center mainly staffed by full-time faculty physicians of the Johns Hopkins University School of Medicine (JHUSOM) and also serves as a major teaching venue for medical school students, house officers, and fellows. In addition, the Medical Center is committed to meeting the medical needs of our community, including the provision of long-term care services. This commitment represents a continuation of our founding mission in 1773, by the City of Baltimore and State of Maryland to serve the poor and sick, as well as our history since 1984, as a member of the Johns Hopkins Health System (JHHS). Our mission reflects a passion for patient care, research, and the training of future health professionals. In each of these areas, our mission extends beyond our buildings and direct services to encompass the well-being of the communities we serve. As non-profit institutions, JHHS hospitals aim to fulfill both their mission of community service and their charitable, tax-exempt purpose, especially in the context of the new IRS provisions that require non-profit hospitals to conduct a health needs assessment every three years and develop an implementation strategy to meet the identified needs.

Johns Hopkins Bayview undertook its Community Health Needs Assessment (CHNA) in FY 2013, using the first half of the year for data gathering and priority-setting, and the second half for sharing findings with the community and developing an implementation plan. The CHNA focused on four zip codes near the Medical Center, an area from which approximately 40% of the hospital's admissions come. These zip codes, 21224, 21222, 21219 and 21052, include Southeast Baltimore City and the Dundalk peninsula in Baltimore County.

The methodology for the CHNA included the collection of demographic, hospital and other secondary data, review of Baltimore City, Baltimore County, Maryland, and federal health priorities and plans, a survey of community members, a public forum, interviews with key stakeholders and leaders, information from The Johns Hopkins Hospital's Latino focus group, and a group interview with the Johns Hopkins Bayview Children's Practice Latino Patient and Family Advisory Board. A CHNA Steering Committee composed of hospital and community leaders led this process. Results were shared with the communities and feedback incorporated in the implementation plan. Based on review of all findings, the priority areas identified were obesity (including complications), addiction (including complications), access to health care for Latino and other non-English speaking populations, and mental health.

Johns Hopkins Bayview Medical Center will focus its efforts to align with the Maryland State Health Improvement Plan vision areas and objectives. Some of the aforementioned priority areas will coincide with the work that other nearby hospitals, including The Johns Hopkins Hospital and MedStar Franklin Square Medical Center, are planning, as well.

## **II. Introduction**

### **a. Overview**

The mission of Johns Hopkins Bayview Medical Center is tripartite, addressing clinical excellence, research and education. Johns Hopkins Bayview Medical Center, a member of Johns Hopkins Medicine, provides compassionate health care that is focused on the uniqueness and dignity of each person we serve. We offer this care in an environment that promotes, embraces and honors the diversity of our global community. With a rich and long tradition of medical care, education and research, we are dedicated to providing and advancing medicine that is respectful and nurturing of the lives of those we touch.

Johns Hopkins Bayview Medical Center is widely recognized for innovation and excellence in clinical care, education and research in medicine. Among the wide range of services offered are a Level Two trauma center and Maryland's only regional adult burn center. Our campus features several centers of excellence, including stroke, geriatrics, joint replacement, wound care and bariatrics, to name a few. As a leading academic medical center, we provide an enriching environment for our employees and an exceptional health care experience for our patients and their families.

Our licensed bed capacity is:

- 348 acute hospital
- 45 bassinets
- 80 comprehensive care
- 85 special hospital services (CIR, Chronic, etc.)
- 558 total licensed beds

The Medical Center serves the communities in North and Southeast Baltimore City and County. Our primary service area includes the neighborhoods of Dundalk, Highlandtown, Canton, Gardenville, Belair-Edison, Essex, Middle River, Sparrows Point, Rosedale and East Baltimore. We also serve a broader area for our regional and statewide services.

The implementation strategy provides a plan for the hospital to address needs identified through our assessment process. The implementation strategy was endorsed by the hospital's Board of Trustees on May 20, 2013.

### **b. The Community We Serve**

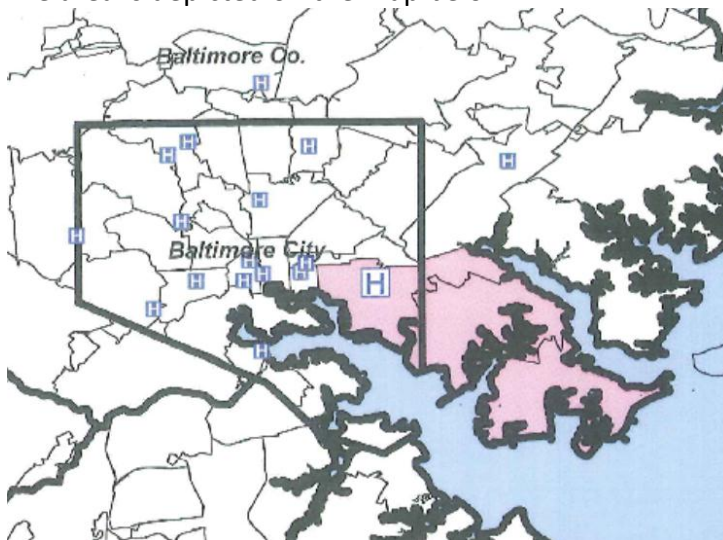
Johns Hopkins Bayview Medical Center does not limit community services to our primary service area, and we offer many clinical services and programs that serve regional, and even national and international needs. However, many of our community benefit efforts are targeted to the communities we consider our neighbors, in the southeast part of Baltimore City and Baltimore County. This area is considered Medically Underserved and is a Health Manpower Shortage Area.

## Johns Hopkins Bayview Medical Center

The Community Benefit Service Area (CBSA) comprises four zip codes immediately adjacent to the hospital in Southeast Baltimore City and County, 21224, 21222, 21219 and 21052. These zip codes encompass an area in which about 40% of the patients admitted to Johns Hopkins Bayview reside. These four zip codes are defined by the Maryland Department of Health and Mental Hygiene as the Southeastern Area in their Managed Care Organization (MCO) regulations.

- 21224 (Highlandtown and Canton)
- 21222 (Dundalk)
- 21219 (Sparrows Point)
- 21052 (Fort Howard)

The area is depicted on the map below.



38.3% of patients discharged from the hospital represent the zip codes 21224 and 21222 (Thomson & Reuters, 2012). We added two small zip codes which are geographically located further down the Dundalk peninsula (21219, 21052), which brings the total percent of our discharges in the CBSA to 40.6% (Thomson & Reuters, 2012). The population of the area is 114,241 persons (Thomson & Reuters, 2012). This area was responsible for 32,197 visits to the Johns Hopkins Bayview Emergency Department, representing 55.3% of all ED visits. The area includes a population which is 70% white/non-Hispanic, 13% black/non-Hispanic, and about 11% Hispanic (Thomson & Reuters, 2012). Southeast Baltimore City has a large concentration of Latino residents, many of whom come to Hopkins Bayview for their health care needs. Almost 25% of the population is uninsured; 14.5% have Medicare; and 29% have Medical Assistance, compared to 25.4% for combined Baltimore City and County residents (Maryland DHMH, 2012). The major causes of death for the area are heart disease, cancer and stroke. Additional demographic and health statistics are listed below in Table 1.

**Table 1. Demographic and Health Statistics**

		Data Source
<b>Community Benefits Service Area (CBSA)</b>	21224, 21222, 21219, 21052 This area represents 8211 discharges (40.6%) from Johns Hopkins Bayview in FY 12. The 21224 zip code is in Baltimore City and the others are located in Baltimore County.	Maryland Health Services Cost Review Commission (HSCRC) Inpatient File and DC Inpatient File
<b>CBSA demographics, by sex, race, ethnicity, and average age</b>	This area represents 114,241 people, <ul style="list-style-type: none"> <li>• 48% male and 52% female.</li> <li>• 70% white, 13% black, and 11% Hispanic.</li> <li>• 21.5% under age 18, and 15.6% over 65.</li> <li>• The median age is 38.4 years</li> </ul>	Thomson Reuters, 2012
<b>Median Household Income within the CBSA</b>	The average household income is \$54,950, as compared to \$67,315 in the U.S.	Thomson Reuters, 2012
<b>Percentage of households with incomes below the federal poverty guidelines within the CBSA</b>	15.1% of the households in our area (6803) have an income lower than \$15,000 and 27.6% (12,452) have an income below \$25,000. The 2012 federal poverty guidelines for a family of 3 are \$19,090 and 116% is \$22, 144.	Thomson Reuters, 2012
<b>Percentage of uninsured people within the CBSA</b>	25% of the CBSA population is uninsured.	Claritas, 2010
<b>Percentage of Medicaid recipients within the CBSA</b>	29% of the population has MA, compared to 25.4% for combined Baltimore City and County residents.	Maryland DHMH, August 2012
<b>Life Expectancy within the CBSA, by gender</b>	The life expectancy in the Baltimore City parts of our CBSA range from 68.6 – 77.6 years, depending on the neighborhood. In Baltimore County, the life expectancy is 77.8 years (75.1 years for men and 82.9 years for women). This compares to 72.9 years for the city over all (66.7 for men, 75.6 for women). Both of these are below the Maryland rate.	Baltimore City Health Department, 2011
<b>Mortality Rates within the CBSA, by disease type Mortality Rates within the CBSA, by disease type (continued)</b>	Mortality rates in Baltimore City are now available by neighborhood and disease. The CBSA includes Highlandtown, Orangeville/East Highlandtown, Canton, Patterson Park North and East, and Southeastern. These neighborhoods vary in their mortality rates, generally with the	Baltimore City Health Department, Maryland Vital Statistics, 2010

	<p>highest mortality rates in Southeastern, and lowest in Canton. There are especially wide variances in the rates of mortality from heart disease (25.6 -35.7) and cancer (15.3-28.4).</p> <p>For Baltimore County, data are not available at this level of detail, but of the 7625 deaths in 2010, 25.3% were from heart disease and 23% from cancer. Baltimore City-wide, 25.2% were from heart disease and 22.1% from cancer.</p>	
<p><b>Access to healthy food, quality of housing, and transportation within the CBSA</b></p>	<p>The food environment is linked to consumption of healthy food and overall health outcomes. In 2011, access to the healthy food measure was based on the percent of residential Zip codes in a county with a healthy food outlet, defined as grocery stores or produce stands/farmers' markets. In Baltimore City 96% of the zip codes have access to healthy foods. In Baltimore County, 77% of the zip codes have such access. There is access to healthy food for all four zip codes in our CBSA using these criteria.</p> <p>Access to public transportation (bus) and paratransit services are reasonably good, although public bus routes often require transfers in order to reach a destination. Housing quality is variable, as many of our neighborhoods include older housing stock, but also new developments. There is senior housing and affordable housing available.</p>	<p>County Health Rankings, 2011</p>
<p><b>Non-English language service use with the CBSA</b></p>	<p>In FY 12, our on-site Spanish interpreters had 12,996 interactions. The top areas were Emergency, Labor and Delivery, OB/GYN, Post-Partum and Medical Clinic. There were 3300 on-site interpreter interactions for other languages, and 11718 calls using CyraCom phones to translate in 72 languages.</p>	<p>JHBMC Patient Relations Office</p>
<p><b>Outpatient Emergency Department primary diagnosis for CBSA patients</b></p>	<p>The top three reasons for outpatient ED visits were respiratory &amp; chest symptoms (5.2%), sprains/strains of joints &amp; muscles (4.3%), abdomen and pelvis symptoms (4.1%).</p>	<p>HSCRC outpatient data CY2011</p>
<p><b>Top Diagnoses at Inpatient Discharge for CBSA patients</b></p>	<p>The top diagnostic groupings at discharge were: pulmonary conditions (10%),</p>	<p>HSCRC inpatient data CY2011</p>



	medical cardiology (8.8%), newborns and neonates (8.4%), obstetrics delivery (8.3%), gastroenterology (7.8%) and psychiatry (6.1%) and substance abuse (3.7%).	
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The demographics of the population served vary greatly by geographic area. Predominantly a white, blue-collar, working class community, the growing Latino population is one area of focus. We use language interpreters and our Care-a-Van program to help us address the needs of these patients. Our Latino focus group interviews and the 2011 Baltimore City Health Department report on Latino health indicates challenges for the Latino population include: poor access to primary health care and prenatal care, a high burden of homicide and unintentional injury-related deaths, and high rates of alcohol use among Latino men (BCHD 2011).

**Table 2. Demographic Data**

Demographic Comparison	CHNA zip codes	Central Baltimore County
Population (2012 est.)	114,241	175,274
Households (2012 est.)	45,077	72,640
% Population 65+ years	16.6%	18.0%
% Population < 18 years	21.5%	19.3%
% White Non-Hispanic	70.2%	71.2%
% Black Non-Hispanic	13.2%	16.0%
% Hispanic	11.4%	4.0%
Average HH Income	\$54,950	\$84,917
% HHs income < \$25K	27.6%	15.6%
Education: Some HS or less	24.6%	7.4%
Education: Bachelor's or more	16.4%	43.5%

**Table 3. Health Utilization Patterns - Comparison**

Health Utilization Patterns	CHNA zip codes	Central Baltimore County	% Var
Population (2012 est.)	114,241	175,274	
Households (2012 est.)	45,077	72,640	
Females, Child Bearing Age (CBA)	23,744	37,431	
Total ED Visits (CY11)	73,626	63,113	
<b>ED Visits per 1000 Pop</b>	<b>644.5</b>	<b>360.1</b>	<b>+44%</b>
ED Admits (CY11)	12,635	13,823	

ED Admits per 1000 Pop	110.6	78.9	+29%
All Discharges w/ NBN (CY11)	20,742	22,608	
All Discharges per 1000 Pop	181.6	129.0	+29%
OB Delivery (CY11)	1,721	1,735	
Delivery per 1000 Female (CBA )	72.5	46.4	+36%

Our area had a lower average household income (\$54,950 vs. \$84,917) and fewer residents with a Bachelor’s degree (16.4% vs. 43.5%) than the five zip codes in Central Baltimore County (Thomson & Reuters, 2012). While the population of our area was smaller, the residents had 44% more visits to the Emergency department per 1000 population than the Central Baltimore County area.

In order to reach all stakeholders, our community outreach approach is multi-faceted. We have special outreach programs in burn prevention and cardiac disease prevention. Our outreach activities are further described below, in the discussion of how we determine community needs.

Our outreach programs are targeted at the needs of various segments of our community. For example, we do blood pressure screenings at senior centers and clubs, teach burn and heart disease prevention in area schools, and provide a free, bilingual mobile health unit to serve the Latino residents of our community and others who experience barriers to health care. The clinical programs we offer are also designed to reflect and address our community’s needs. Often these programs are multidisciplinary, bringing experts together to focus on the patient’s needs. Examples include our bariatric services, our Memory Center, and our new lung cancer initiative. ([www.hopkinsbayview.org/guidetoservices/](http://www.hopkinsbayview.org/guidetoservices/) )

## II. Approach and Methodology

### a. Community Health Needs Assessment Purpose

The Community Health Needs Assessment (CHNA) is required by the IRS for all nonprofit hospitals in order to maintain their nonprofit status with the IRS. The needs assessment must be followed by a plan for addressing community needs based on the findings. The requirements include:

- A description of the surrounding communities served by the hospital;
- A description of the process and methods used to collect data;
- A description of the information gaps that impact the hospital’s ability to fully and accurately assess the health needs of the community served by the hospital;
- The identification of all internal and external committees, organizations and coalitions the hospital collaborated with to help develop its priorities;
- A description of the community survey and the interview process Johns Hopkins Bayview used to develop its working priorities;

- A prioritized list of the community needs and a description of the implementation strategies that will be used to address the needs.

After the initial assessment, the hospital is required to re-assess once every three years. The CHNA is a written document developed for the hospital to describe the community served by the hospital, the process used to conduct the assessment, and the health needs identified through the assessment process.

Johns Hopkins Bayview's approach to the community health needs assessment is based on the IRS notice issued in July 2011 regarding community health needs assessments, as well as the guiding principles developed by the JHHS Community Benefits Advisory Council. The Johns Hopkins Hospital, located four miles west of JHBMC, also conducted its CHNA in FY13 and included the Baltimore City section (21224) of our area. As a member of the Johns Hopkins Health System, we were able to share their detailed data from interviews, including data from a structured interview of a Latino focus group. Opportunities to collaborate on implementing action plans will also be explored going forward.

## **b. Data Collection**

At each stage of the needs assessment process, we placed a great emphasis on community feedback and input. The needs assessment was coordinated and conducted primarily by the Director of Community Relations and staff, guided by a Steering Committee of campus and community leaders co-chaired by the hospital President and a Trustee. The use of consultant assistance in developing the CHNA was limited to secondary data compiled by the Carnahan Consulting Group, a national health assessment firm.

Community Relations staff members regularly attend various community meetings within the targeted CBSA area and have established relationships with most area leaders. These lines of communication were an advantage to conducting our assessment and developing implementation strategies to our process. Staff and consultants also conducted an extensive secondary data collection process, using the Carnahan Consulting Group to supplement the data compiled by staff. We then used community leader interviews and a community survey to gather additional information. Forty-two community leader interviews were conducted by Hopkins Bayview staff, addressing major health concerns, assets and lack of resources in the community, barriers to care, and program ideas. These interviews included leaders in low-income and minority communities and representatives of health agencies who were not part of the Steering Committee. Information from six additional interviews conducted for The Johns Hopkins Hospital was also utilized. The community surveys and interview information were compiled and analyzed to identify key issues. (A complete list of interviewees can be found in Appendix A and B.)

### **c. Data Synthesis**

To establish priorities, we synthesized needs assessment data, heavily weighted by feedback from our communities, as well as considered the hospital's strengths and assets, local and state public health priorities, and other hospitals' plans affecting our specific CBSA population. In addition to the surveys and interviews with community leaders, we worked with numerous committees, councils and coalitions to determine the selection of the health priorities.

Opportunities to collaborate and avoid duplication of effort were key factors.

The following committees, councils and coalitions were consulted during the assessment:

- Johns Hopkins Bayview Medical Center Community Health Needs Assessment Steering Committee.
- Johns Hopkins Medicine Community Benefits Workgroup and Advisory Council
- Johns Hopkins Government and Community Affairs staff (Johns Hopkins Hospital CHNA)
- Local Priorities (Baltimore City – Healthy Baltimore 2015, Neighborhood Health Profiles, and Baltimore County Health Improvement Coalition)
- MedStar Health Franklin Square Medical Center CHNA
- State Priorities (Maryland State Health Improvement Process)
- Federal Priorities (Healthy People 2020)

#### **Johns Hopkins Bayview Medical Center CHNA Steering Committee**

Our Community Health Needs Assessment Steering Committee is co-chaired by the hospital president and a member of our Board of Trustees. The diverse group includes physicians, other clinical leaders, community leaders and other key agency partners in the community. (A list of the Johns Hopkins Bayview Medical Center CHNA Steering Committee can be found in Appendix C.)

The CHNA Steering Committee met to review the secondary data and feedback from the survey, focus group and interviews. The group also met at key points in the needs assessment process to give direction, identify resources, set priorities and recommend the final needs assessment and implementation strategy to our Board of Trustees for approval. Following discussion of the needs assessment data and additional input from Steering Committee members, the group established four priorities to recommend to our Board of Trustees.

These four priorities are:

- Obesity (including complications)
- Addiction (including complications)
- Access to Health Care for Latino and other non-English speaking populations
- Mental Health

#### **Johns Hopkins Medicine Community Benefits Workgroup**

The Community Benefits Workgroup, which consists of finance, community relations, and/or community wellness staff from across the Johns Hopkins Health System, is responsible for collecting and reporting community benefit activities on an annual basis to the President of the health system and Chief Financial Officer of each hospital. The workgroup meets monthly to

discuss data collection, as well as community benefit planning and evaluation. (See Appendix D for a complete list of the Workgroup.)

**Johns Hopkins Medicine Community Benefits Advisory Council**

The Community Benefits Advisory Council was established to guide our community benefit efforts across the Johns Hopkins Health System. The Council is comprised of leaders from across the Health System with experience and insight regarding community health needs. Council representatives are responsible for developing a systematic approach to community benefits that aligns community benefits objectives with Johns Hopkins Medicine priorities. The Council participates in quarterly meetings. (See Appendix E for a complete list of the Advisory Council.)

**The Johns Hopkins Hospital CHNA**

The Johns Hopkins Hospital also conducted its community health needs assessment in FY13, and their benefit area included the Baltimore City section (21224) of our area. Their assessment identified the following as priority areas:

Asthma	Cancer
Cardiovascular Disease	Diabetes
Health Care Access and Availability	Infectious Disease (HIV/AIDS, STDs)
Maternal and Child Health	Mental Health
Obesity	Substance Abuse

**Local Priorities (Baltimore City and Baltimore County Health Improvement Coalitions, MedStar Health Franklin Square Medical Center)**

We worked with the Local Health Improvement Coalitions for Baltimore City and Baltimore County. Baltimore City is addressing cardiovascular disease. Baltimore County has developed a detailed plan to address infant mortality, childhood obesity and smoking.

Baltimore City Health Department published *Healthy Baltimore 2015* in May, 2011. This report identifies 10 priority areas for the city. Some indicators are straightforward health outcomes (ex: reducing deaths from heart disease) while others are more focused on social determinants of health (ex: density of vacant buildings). Relevant to our community needs priorities, this report includes promoting access to quality health care for all, being tobacco free, redesigning communities to prevent obesity, recognizing and treating mental health needs, reducing drug use and alcohol abuse, and promoting healthy children and adolescents.

MedStar Franklin Square Medical Center conducted and published its CHNA in FY12 which included the Baltimore County section of our area. MedStar Health identified heart disease, diabetes and obesity as priorities for all of their institutions, and Franklin Square identified substance abuse and asthma as additional areas of focus.

**State Priorities (Maryland State Health Improvement Process (SHIP))**

The Maryland State Health Improvement Process identified 39 critical health measures. In terms of the 39 SHIP measures, Baltimore County performs best relative to the State baseline on elevated blood lead levels in children, non-fatal child maltreatment, and *Chlamydia* infections.

The top five SHIP measures where Baltimore County performs worse than the State baseline are fall-related deaths, air quality, hospital admissions related to Alzheimer's or other dementias, drug-induced deaths, and pedestrian injuries on public roads.

In terms of the 39 SHIP measures, Baltimore City performs best relative to the State baseline in deaths from suicides and access to healthy food. The top five SHIP measures where Baltimore City performs worse than the State baseline are elevated blood lead levels in children, emergency department visits related to domestic violence, pedestrian injuries on public roads, new HIV infections, and *Chlamydia* infections.

SHIP indicators relevant to our priority areas include:

**Obesity (including complications):** Objective 30: Increase the proportion of adults who are at a healthy weight, Objective 31: Reduce the proportion of children and adolescents who are considered obese.

Measure: Total number of persons with healthy weight divided by total population

Measure: Number of adolescents ages 12 to 19 attending public school who have a Body Mass Index (BMI) determined through self-reported height and weight) equal to or above the 95th percentile for age and gender.

**Addiction (including complications):** Objective 32: Reduce the proportion of adults who are current smokers, Objective 33: Reduce the proportion of youths who use any kind of tobacco product, Objective 9: Decrease the rate of alcohol-impaired driving fatalities.

Measure: Number of smokers divided by total population.

**Access to Health Care:** crosses multiple SHIP objectives.

**Mental Health:** Objective 34: Reduce emergency visits related to behavioral health, Objective 35: Reduce the rate of hospitalizations related to Alzheimer's disease and other dementias.

Measure: Number of inpatient and outpatient emergency department visits for which the primary or secondary diagnosis was defined as a behavioral health by the Healthcare Cost and Utilization Project (HCUP).

Measure: Number of hospital admissions for which the primary or secondary diagnosis was related to Alzheimer's disease or other dementias.

### **Federal Priorities (*Healthy People 2020*)**

Over the course of the decade, four foundation health measures will be used nationwide to monitor progress toward promoting health, preventing disease and disability, eliminating disparities, and improving quality of life in the United States, through the *Healthy People 2020* program. These broad, cross-cutting measures include:

- General Health Status
- Health-related quality of life and well-being
- Determinants of health
- Disparities

The health measures and indicators offered through the *Healthy People 2020*, Maryland State Health Improvement Process and *Healthy Baltimore 2015* were reviewed in setting our priorities and developing our implementation strategy. Johns Hopkins Bayview has focused efforts on four priorities: obesity (including complications), addiction (including complications), access to health care for Latino and other non-English speaking populations, and mental health to help supplement the work the above mentioned organizations are doing. Our implementation plan and community outreach activities recognize and reflect the importance of social factors in determining health. For example, while concentrating on obesity, efforts will address making healthy choices available in the community, promoting healthy eating, encouraging weight management, and other possible programming to encompass the task of addressing obesity. Working towards these four priorities will align our community with the priorities and goals of a healthier community at large.

#### **d. Community Input**

##### **Community Survey**

The Johns Hopkins Bayview Medical Center Community Relations staff surveyed approximately 300 community residents at meetings, churches, blood pressure screenings, health fairs and public events in September and October of 2012. Respondents were asked about their personal health, access to medical care and the attributes of a healthy community. The survey instrument utilized in 2012 was also used in our 2004 community health needs assessment. We compared findings where possible. (The survey instrument is attached in Appendix F.)

Some key findings of the community survey include:

- Sixty-six percent of the respondents were female, and 34% were male.
- The median age of the respondents was 64 years (a range of 9-99 years).
- Almost 48% of respondents consider their health good or very good.
- 14.8% of respondents currently smoke, while 22.5% have quit smoking. This compares to 18% of respondents who reported smoking in a 2004 health needs assessment which included this area.
- 28% of respondents have high cholesterol, compared with 23.4% in our 2004 survey.
- Lack of insurance and inability to afford care are the top reasons for not seeking health care.
- 13.4% of respondents have a handgun in their home or vehicle. This compares with 12.5% in 2004.
- 45.4% received prescription medicine from more than one doctor, while 17.6% received prescription medicine from more than one pharmacy.
- Exercise was the most reported form of stress relief, followed by watching TV.

(The results of the survey can be found in Appendix G. The list of 24 community organizations that participated in the community survey can be found in Appendix H.)

##### **Community Leader Interviews**

In addition to the community survey findings, Johns Hopkins Bayview Medical Center conducted 42 interviews with key community leaders and stakeholders, and incorporated information from

6 additional interviews conducted by consultants for The Johns Hopkins Hospital in our assessment process. Interviewees were asked about the top health concerns in the community, community assets and needs, barriers to care, and their ideas about ways to address community needs. Of the 48 leaders interviewed about the health needs of the community, twenty-five (52%) named obesity, nutrition or lack of physical activity as priorities. Twenty-one (43%) interviewees named addiction as a major health concern, while an additional eight mentioned smoking specifically. Nineteen (39%) named a chronic disease. Eighteen (37%) identified mental health issues. The top health concerns identified in the community survey were:

- Addiction
- Chronic illnesses
- Mental health
- Obesity

Existing health care providers were seen as major assets, but access to providers and community-based health education were identified as the greatest areas of need. Health education (including how to take care of yourself and how to navigate the system) was the greatest barrier, followed by lack of insurance, cost of care, language and transportation. The ideas about ways to address community needs will be valuable input as we develop our implementation strategy. The suggestions included government and organizational policy changes, 52 specific ideas about community programming, and detailed suggestions for changes at the hospital itself. (A summary of the interview findings is included in Appendix I.)

### **Health Experts/Stakeholder Interviews**

Health experts from within Johns Hopkins Medicine and state and local health leaders were interviewed as part of our assessment process. (The list of interviewees is included in Appendix B.)

### **Public Forum**

On Tuesday, October 23, 2012 Johns Hopkins Bayview Medical Center held a public forum to discuss community health in an open dialogue with the hospital's executive leaders and gather feedback regarding the community health needs assessment. A mixed group of 22 members of the community and 15 hospital staff were in attendance. The attendees used individual wireless keypads to anonymously vote and provide feedback regarding issues related to chronic diseases, barriers to care, and other aspects of community health. The voting session was followed by an open discussion to identify other concerns and elaborate on the voting results. Findings indicated that:

- School and neighborhood safety had the lowest rankings with regard to the quality of community.
- Transportation and language were seen as the greatest barriers to access to health care
- Obesity and hypertension/heart disease/stroke were seen by all as critical or very critical in our community.



- Insurance coverage and the availability of health providers were seen by all as important to the use of health services. Language skills were also ranked very highly.

The public forum summary and the voting results are available in Appendix J and K.

### **Latino Focus Group**

The Johns Hopkins Hospital's CHNA consultant conducted a focus group in Spanish to help determine the needs of the Latino members in the community. As their CHNA area included zip code 21224 in Baltimore City, we were able to incorporate information from the transcription in our assessment as well. The most serious health problems identified were lack of prevention (including nutrition) and diabetes. Other serious problems included obesity, dental care, heart disease and cancer. The top barriers to health services included lack of insurance, transportation and language – the lack of interpreters, and materials not in Spanish. Concerns regarding documentation, discrimination and being treated differently when seeking care were also raised. Suggestions from the group for ways to improve health services included a community clinic just for Spanish-speaking people, discounted costs, and health education.

### **JHBMC Children's Medical Practice Latino Family Advisory Group**

In December 2012, a group interview was conducted with members of our Children's Practice Latino Patient and Family Advisory Board. We asked the same questions asked of other interviewees from the community. Their responses reflected the feedback of the JHH focus group and noted specific concerns related to access and cost of health care.

### **e. Data Gaps Identified**

Data for Baltimore City were plentiful and available at the community level. Baltimore County is working on gathering data at a more detailed level, but they are not currently available except for census data. This was a major challenge for our assessment, as we did not presume that the Dundalk Peninsula was representative of the county in general, and in fact compared our area to several other parts of the county in terms of demographic, hospital utilization data and census data to verify that assumption and discuss potential reasons for differences in hospital utilization. Due to the differences in the demographics of our assessment area, data from Central Baltimore County was compared to the CHNA zip codes. (Table 3, on page 6, shows the demographic differences and the health utilization patterns, and other data considered in the assessment may be found in Appendix L.)

## **III. Selecting Priorities**

### **a. Hospital Priorities**

After reviewing the data collected from the community survey and key community leader interviews, our Steering Committee recommended four priorities to focus their efforts. These priorities were selected considering the City and County Health Department priorities, quantitative data from public data, the Maryland Health Services Cost Review Commission and

our hospital data, and qualitative information from our survey, public forum, interviews and focus group.

These four priorities are:

- Obesity (including complications)
- Addiction (including complications)
- Access to Health Care for Latino and other non-English speaking populations
- Mental Health

Following their selection, Community Relations staff took information regarding the CHNA to local community groups to share and to solicit feedback to help shape the implementation plan.

**Table 4. Hospital Priorities**

<b>Hospital Priority</b>	<b>Obesity (including complications)</b>
<b>Quantitative Reason</b>	According to County Health Rankings and Roadmaps, 27% of adults in Baltimore County and 31% in Baltimore City are obese. The CDC reports that more than one-third of U.S. adults (35.7%) are obese. In 2008, The U.S. Department of Health and Human Services stated that overweight and obesity and their associated health problems have a significant economic impact on the U.S. health care system.
<b>Qualitative Reason</b>	Top health concern raised in interviews, as obesity is a controllable risk factor for multiple chronic diseases.
<b>Hospital Strengths</b>	Weight management and bariatric programs; outreach programs including FRESH, Healthy Community Partnerships encourage healthy lifestyles
<b>Alignment with local, regional, state, or national goals</b>	Childhood obesity is a top priority for Baltimore County and one of 10 priority areas for Healthy Baltimore 2015. Addressing this area is also a priority and objective of the MD SHIP initiative. According to the Baltimore County baseline, 35.4% of the adults are currently not at a healthy weight.
<b>Other Justification</b>	According to research completed by the Weight-Control Information Network (WIN), part of the National Institutes of Health (NIH), obesity in children and adults can lead to many health risks, including type II diabetes, heart disease, high blood pressure and stroke to name a few.

<b>Hospital Priority</b>	<b>Addiction (including complications)</b>
<b>Quantitative Reason</b>	The HSCRC data cite 10,168 drug dependence outpatient visits in CY11 at JHBMC. There were 553 admissions for substance abuse from the CHNA area, representing almost half of all admissions for that diagnosis.
<b>Qualitative Reason</b>	Interview results indicate this is the number two top health concern.
<b>Hospital Strengths</b>	Multiple substance abuse treatment programs; National Institute on Drug Abuse located on campus.
<b>Alignment with local, regional, state, or national goals</b>	One of the top priority areas for Healthy Baltimore The MD SHIP Chronic Disease Vision Area, Objective 29 is to reduce drug-induced deaths.
<b>Other Justification</b>	According to the National Institute on Drug Abuse study in 2011, the estimated total costs of substance abuse in the United States, including lost productivity, health and crime-related costs exceed \$600 billion annually.
<b>Hospital Priority</b>	<b>Access to Health Care</b>
<b>Quantitative Reason</b>	At a hospital level, the growth in the Latino population in Baltimore is reflected in the trends among Latino patients receiving care at JHBMC. Data obtained from the Johns Hopkins Health System data analysis unit show that from 2000 to 2010 there was a six-fold increase in Hispanic admissions at JHBMC. The highest utilization of services by Latino patients occurred in the Departments of Pediatrics and Obstetrics where Latinos accounted for approximately one third of all inpatient admissions for Pediatrics and Ob/Gyn, 35% of outpatient Pediatric visits, and 21% of outpatient Ob/Gyn visits in 2010. About 11% of the residents in the CHNA area are Latino, with a greater concentration in the 21224 Baltimore City zip code.
<b>Qualitative Reason</b>	Focus group, interviews with families and community leaders and our public forum indicated a number of language-related barriers to care.
<b>Hospital Strengths</b>	Staff of Spanish interpreters, Care-a-Van program, Children’s Medical Practice, bilingual staff in key departments, collaboration with HealthLeads and The Access Partnership (TAP) programs.
<b>Alignment with local, regional,</b>	Health disparities are a concern at the local, State

<b>state, or national goals</b>	and national levels. MD SHIP objectives 36-39 are focusing on Healthcare Access.
<b>Other Justification</b>	According to the 2010 US Census data, 4.2% of the population in Baltimore City is Latino while compared to 8.2% of the State of Maryland. 3.7% of people speak Spanish in Baltimore City. According to Baltimore City Health Department 2011 report on Latino Health, 84% of the respondents to the ProVision survey reported that they spoke only or mostly Spanish. The report identifies the following as the top barriers to care: Costs are too high (46%), Legal status issues or fear (43%), providers do not speak Spanish (41%), and lack of health insurance or insurance doesn't cover care (32%) (BCHD 2011).
<b>Hospital Priority</b>	<b>Mental Health</b>
<b>Quantitative Reason</b>	The HSCRC data cite 16,561 outpatient visits in 2011 for affective psychosis, schizophrenic psychosis and depressive disorders at JHBMC in the CHNA zip codes.
<b>Qualitative Reason</b>	Identified as a top health concern in interviews, the public forum, and in our Steering Committee. Bullying and conflict management were seen as related to mental health issues.
<b>Hospital Strengths</b>	Strong Community Psychiatry programs; partnership with Mental Health Association to offer training; partnership with Patterson High School
<b>Alignment with local, regional, state, or national goals</b>	Priority area for Healthy Baltimore 2015. The MD SHIP Safe Physical Environment Vision Area, Objective 12 is to reduce domestic violence.
<b>Other Justification</b>	According to the National Institute of Mental Health (NIMH) conservatively estimates the total costs associated with serious mental illness, those disorders that are severely debilitating and affect about 6 percent of the adult population, to be in excess of \$300 billion per year.

**b. Hospital Programs/Activities that Support Other Key Health Needs**

Some of our hospital outreach programs are designed to affect lifestyle and encourage healthy behaviors, which have a broad impact on health. For example, good nutrition can contribute to prevention of heart disease, obesity, and certain cancers.

In 1996-97, we conducted our first Community Health Assessment, with a large, representative community Steering Committee. That group determined that heart disease should be the top priority, and evolved into the Community Health Action Project, partnering with others in the community to address physical activity and nutrition, stress and smoking prevention/cessation. Although the focus of this initiative was to lower the incidence of heart disease, the strategies employed address heart disease risk factors such as obesity, mental health, and smoking reduction. These long-standing programs will support the implementation of this CHNA.

Similarly, our long-standing Food Re-Education for School Health (FRESH) and Healthy Eating and Recreation for Today's Scouts (HEARTS) programs which focus on primary cardiac disease prevention among children, have expanded their curricula to encompass diabetes (often obesity-related) and smoking prevention, based on community health needs.

The Healthy Community Partnership (HCP), a medical-religious partnership bringing health information and services to area congregations offers speakers and screenings to seven partner churches, and provides Lay Health Educator training that provides key congregation members with information about a broad spectrum of diseases and provides resources for addressing them. The HCP also trains Lay Health Advocates in skills and knowledge to help others better understand their interactions with health providers and to comply with recommendations in order to maximize their health.

Our clinical programs endeavor to bring together multiple medical specialties to focus on our patients' needs. These include:

- Responding to the high incidence of cancer in the area, a new radiation oncology program will bring multiple disciplines together to provide a full range of cancer treatments, with a special emphasis on lung cancer, which is very prevalent in our area as compared to others.
- Johns Hopkins Bayview is home to a Center of Excellence in Bariatrics, assisting patients who are not able to lose weight and combat obesity in other ways to do so through surgical techniques.
- We offer a broad spectrum of psychiatry programs in mental health and addictions treatment options using both behavioral and medical approaches. The presence of the National Institute on Drug Abuse on our campus offers potential partnership opportunities.
- Our Care-a-Van, a mobile health unit with bilingual providers, provides free community-based care. This resource is frequently used by Latino patients, for primary care or as an entry point to access hospital services.

**Table 5. Hospital Programs/Activities that Support Other Key Health Needs**

Health Outcome / Health Factor	Name of Program	Description of Services	Key Partners
Cardiovascular disease	FRESH, HEARTS, Healthy Community Partnership, Women’s Cardiovascular Health Center	Nutrition education, blood pressure screenings, Comprehensive Clinical Care	Community Relations, Healthy Community Partnership, Cardiology
Cancer	Sidney Kimmel Cancer Center, Lung Cancer Center, Avon Breast Center	A new radiation oncology facility is set to open in 2014	American Cancer Society, Johns Hopkins Hospital
Diabetes	Diabetes Education Classes	Educational classes	JHBMC Nutrition department
Infant Mortality	Center for Addiction and Pregnancy	Outpatient with an overnight housing unit for patients requiring a recovery-oriented residence, provides comprehensive and multidisciplinary approach	Community Psychiatry
Injury Prevention	Burn Prevention	Safe Babies Program, Kiwanis Burn Prevention Education Program, Juvenile FireSetters	Community Relations, Johns Hopkins Burn Center
Hunger	South East Emergency Needs Network	Emergency food closet at Hopkins Bayview	United Way First Call For Help 211, South East Community Action Center, Department of Social Work, Community Relations
Housing, education, poverty, jobs	Community Development Corporation, Neighborhood organizations	Housing counseling, greening programs, farmers markets, housing rehab, community-building and advocacy activities	Community Relations, South East Community Development Corporation, Greektown Community Development Corporation, Dundalk Renaissance Corporation

## **c. Community Resources**

### **1. Community Partnerships:**

Johns Hopkins Bayview partners with many organizations and groups in the community in order to serve our patients and our neighbors. Currently, the Community Relations department is involved in many community organizations, ranging from local neighborhood associations to groups like the Southeast District Police Council. We are active members of the Baltimore City and Baltimore County Health Departments' Local Health Improvement Coalitions. We are also involved with City and County schools, through internships at the hospital, scholarships, teaching students about healthy lifestyle and prevention programs, and providing school-based services. Our growing partnership with Patterson High School allows us the opportunity to focus efforts towards working with the student population surrounding obesity, addictions, access to health care and mental health. The Human Resources Department works closely with Patterson and other surrounding high schools around career opportunities and work readiness.

Our other partners include Baltimore Medical System, a Federally-Qualified Community Health Center and a primary care partner in caring for many residents of this area. We work with local Chambers of Commerce, the Dundalk Renaissance Corporation, Southeast Community Development Corporation and Greektown Community Development Corporation to promote a healthier community in the broader context of housing, jobs and the environment. We are also supportive of organizations like the Creative Alliance and the Bayview Business Association. Our Healthy Community Partnership promotes health in conjunction with seven area churches.

### **2. Human Service Agencies:**

We work with several human service provider networks in the city and county. These include the International Resettlement Center, Meals on Wheels of Central Maryland, and several local government programs. We work with the Latino Providers Network and the Mayor's Commission on Disabilities to help address the needs of these populations.

### **3. Community College of Baltimore County:**

The college is a resource not only for developing our future workforce, but for bringing services to the community. The dental hygiene program at the Dundalk Campus provides access to dental care for those who can't afford treatment elsewhere.

## **IV. Implementation Strategy**

### **a. Unaddressed Identified Needs**

While community health needs assessments can point out underlying causes of good or poor health status, health providers and health-related organizations—primary users of information found in CHNAs—are not usually in a position to affect all of the changes required to address a health issue. For example, the ability to reduce poverty, improve educational attainment, or affect employment cannot be achieved by a health system alone.

In our assessment process, the need for dental care was identified as a need beyond the hospital's resources. The Community College of Baltimore County Dundalk Campus has an

excellent dental hygienist program that offers free or low-cost care in our area, and the University of Maryland Dental School has a clinic. In addition, Chase-Brexton Health System, a Federally-Qualified Community Health Center in Central Baltimore City, has a dental practice.

**b. Addressed Identified Needs**

Johns Hopkins Bayview Medical Center's Implementation Plan involves working closely with key doctors and programs to address the needs of the community brought forth from the health assessment. The four health priorities on this list include obesity (including complications), addictions (including complications), access to health care for Latino and other non-English speaking populations, and mental health.

The Johns Hopkins Bayview Community Relations Department develops and maintains strong relationships with the communities it serves and works to positively impact the quality of life and health of the residents within the community. Community Relations staff members participate in community health planning in order to develop and implement programs and services to meet health and community development needs as identified by the community. Leaders of other departments within the hospital have expressed their willingness to work with Community Relations to address the needs identified through the CHNA.

There are numerous existing programs at Johns Hopkins Bayview addressing obesity. In 2012, the weight management and bariatric programs held 31 information sessions for patients choosing to go through bariatric surgery. The seminars are held on a regular basis at Johns Hopkins Bayview Medical Center and Howard County General Hospital. An average of 20 people attend each of the weight loss sessions offered at JHBMC. Since the program's inception in 1997, 3500 bariatric surgeries have been completed at Bayview. Another hospital outreach program, FRESH, offers elementary school students a nutrition and exercise education program aimed at encouraging heart healthy behaviors to help reduce future heart disease. Lessons introduce children to subjects, such as the heart, MyPlate, healthy snacks, exercise, healthy weight guidelines, meal planning and reading food labels. Pre- and Post-assessments also are performed. FRESH targets 3<sup>rd</sup> and 4<sup>th</sup> graders at 17 schools throughout our service area and reached 1822 students in 2012. Existing programs may be expanded to address obesity concerns in the community. Further collaboration with The Healthy Community Partnership and the Nutrition department at Hopkins Bayview will be evaluated to help encourage the community to develop healthier lifestyles.

In addition to the multiple substance abuse treatment programs available at Johns Hopkins Bayview, the Intramural Research Program of the National Institute on Drug Abuse is also located on the campus. In 2011 and 2012, the Health Services Cost Review Commission data cites 36,043 drug dependence outpatient visits at JHBMC while 341 visits involved toxicology. 247 toxicology incidents were reported in the CHNA zip codes while 1152 substance abuse discharges occurred. Knowledge about resources for this population is limited while stigma and discrimination are still everyday problems. Collaboration will be continued with already existing programs involved with the community, and outreach to NIDA investigators will be explored to identify new opportunities to address this public health challenge.



Because of the large Latino population in our CHNA zip codes, various strategies are already in place at Johns Hopkins Bayview. The strengths at JHBMC include a staff of eight Spanish-speaking interpreters, a Care-a-Van program and having bilingual staff in key departments. Also in place at Bayview, the Latino Family Advisory Board (LFAB) is a mechanism for the Children's Medical Practice (CMP) to tailor clinic services and programs to the unique needs of Spanish-speaking families in Baltimore and enhance the capacity of the clinic to serve as a medical home for this growing Baltimore population. A group of parents of CMP patients has been meeting regularly since September 2011 in this capacity. *Crianza y Salud* (Parenting and Health), a child health promotion support group for Latino immigrant families in southeast Baltimore, was established at the CMP in November 2011. These group parenting classes provide a forum for a therapist and social worker to teach positive parenting techniques proactively, more efficiently and potentially more effectively. An anticipated secondary benefit of group classes is social cohesion among parents who often report social isolation.

As part of the healthcare team, Health Leads expands clinics' capacity to address basic resource needs often at the root causes of poor health. Health Leads enables healthcare providers to prescribe basic resources like food and heat. Health Leads Advocates, trained undergraduate and graduate students, fill these prescriptions by working side by side with patients to connect them with the basic resources they need to be healthy. Health Leads Advocates are currently working the Children's Medical Practice and in the Bayview Emergency Department.

Further collaboration with key Johns Hopkins programs like *Health Leads* and *The Access Partnership* (TAP) will be discussed. Existing local community resources working with the Latino population will be consulted to develop programs and further steps to eliminate barriers for this population.

Existing Community Psychiatry programs on campus remain strong and crucial to our community. The goal is to improve the systems already in place while further partnering with other resources in the community. Due to the high number of interview responses stating Mental Health as a priority in the community and correlating high number of psychiatry discharges at Hopkins Bayview, there is an opportunity to further develop the programs on campus as well as explore creation of new community partnerships.

The impact of our efforts to address community health needs will be measured annually. Initial indicators for our implementation plan have been identified, and will be refined as needed. It is anticipated that we will see more people accessing health services or programs in our priority areas. Future Community Health Needs Assessments will be conducted every three years and the priorities of the community will be re-evaluated during that time.

## **VI. Conclusion**

In keeping with the Medical Center's long tradition of community outreach and health promotion, this needs assessment offers further direction and focus for our continued efforts. Drawing on the expertise of our clinical departments, we will continue our commitment to community health and our community partners in designing and implementing strategies to

## Johns Hopkins Bayview Medical Center

reduce obesity, provide prevention and treatment of substance abuse, meet the health needs of the Latino population and those who do not speak English, and assist those with mental health needs. We plan for the JHBMC Community Advisory Board to provide ongoing advice and input regarding CHNA implementation on a semi-annual basis, and will report annually to the Board of Trustees concerning our implementation strategies. Additionally, Johns Hopkins Bayview is installing a new electronic medical records system, EPIC, which should enhance our ability to collect data relevant to our priorities. One feature of the new system is MyChart, a program which will allow patients to partner in their own health care in new ways.

**Appendix A: *JHH (interviews in italics)* / JHBMC Community Interviewees**

<b>Last Name</b>	<b>First Name</b>	<b>Title</b>	<b>Organization</b>	<b>Date</b>	<b>Forum</b>
Anonymous		Muslim patient	Johns Hopkins Bayview	10/18/2012	Interview
Archer-Smith	Stephanie	Executive Director	Meals on Wheels	10/9/2012	Interview
Atlee and staff	Adrienne	Director	International Resettlement Center	11/12/2012	Interview
Benton	Vance	Principal	Patterson High School	9/24/2012	Interview
Bernhard	Kevin	President	Highlandtown Community Association	10/15/2012	Interview
Brown	Stephanie	Nutritionist	Johns Hopkins WIC	10/9/2012	Interview
Clippinger	Luke	State Delegate	Maryland House of Delegates	11/1/2012	Interview
Cooper	Erika	Librarian III	Baltimore County Public Library, Sollers Point Branch	10/19/2012	Interview
Crisp	Rhonda	Past-President	Dun-Logan Community Association	10/22/2012	Interview
D'Alesandro	Nick	Community social worker	Baltimore County Dept. of Social Services	11/1/2012	Interview
Donnelly	Mary	Principal	John Ruhrah Elementary School	10/19/2012	Interview
Ferguson	Bill	State Senator	Maryland Senate	10/19/2012	Interview
Gavrilis	John	C.E.O.	Greektown Community Development Corp.	10/22/2012	Interview
Hammen	Peter	State Delegate	Maryland House of Delegates	9/6/2012	Interview
Haroth	Peggy	Volunteer, Health Ministry	St. Rita's Catholic Church	10/2/2012	Interview
Harris	Raina	Manager	O'Donnell Heights Public Housing Community	10/29/2012	Interview
Jankowiak	Charlotte	Program Assistant	John Booth Senior Center	10/18/2012	Interview
Kleback	Cindy	Branch Manager	Southeast Anchor	10/22/2012	Interview

Johns Hopkins Bayview Medical Center

			Library		
<i>Kraft</i>	<i>James</i>	<i>Baltimore City Councilman</i>	<i>Baltimore City Council</i>		<i>JHH interview</i>
Menzer	Amy	Executive Director	Dundalk Renaissance Corporation	9/26/2012	Interview
Olszewski, Jr.	John	State Delegate	Maryland House of Delegates	10/19/2012	Interview
Olszewski, Sr.	John	County Councilman	Baltimore County Council	10/23/2012	Interview
Page	Kathleen	Assistant Professor	Hispanic Outreach for Latino Affairs	10/26/2012	Interview
Palazzo	Rev. Paul	Pastor	Trinity Missions Church	10/31/2012	Interview
Pastrikos	Fr. Michael	Priest	St. Nicholas Greek Orthodox Church	10/4/2012	Interview
Pula	Jean	President	Hampstead Hill Association	10/29/2012	Interview
Ryer	Chris	C.E.O.	Southeast Community Development Corporation	9/20/2012	Interview
Scott	Rev. Dred	Pastor	St. Matthew's United Methodist Church	10/22/2012	Interview
Sheppard	Bryan	Special Assistant	Baltimore County Executive	10/15/2012	Interview
Stone	Joanne	Assistant, Senator Norman Stone	Maryland State Senate	10/18/2012	Interview
Thomas	Rev. Stephen	Pastor	Zion Baptist Church of Christ	10/16/2012	Interview

**Appendix B: Health Experts Interviews**

Last Name	First Name	Title	Organization	Date	Forum
Barbot (Dr.)	Oxiris	Commissioner of Health	Baltimore City Health Dept.	1/12/2012 5/12/2012	Community Benefit meeting, CEO meeting
Branch (Dr.)	Gregory	Baltimore County Health Officer	Baltimore County Dept. of Health and Human Services	10/17/2012	Interview
Burton (Dr.)	John	Professor	JHBMC Dept. of Geriatric Medicine	10/9/2012	Interview
Cook (Dr.)	Barbara	Medical Director	The Access Partnership (TAP)	10/23/2012	Interview
<i>Gibbons</i>	<i>Michael Christopher</i>	<i>Asst. Professor, Asst. Director, JH Urban Health Institute</i>	<i>Johns Hopkins School of Medicine</i>		<i>JHH Interview</i>
Harding	Janet	Diversity Specialist	JHBMC	10/29/2012	Interview
Hellmann (Dr.)	David	Vice Dean, Johns Hopkins Bayview, Johns Hopkins School of Medicine	Johns Hopkins School of Medicine, JHBMC	10/8/2012	Interview
Langford	Anita	Vice President	Care Management Services, JHBMC	10/1/2012	Interview
Leister	Della	Deputy Health Officer	Baltimore County Dept. of Health and Human Services	10/17/2012	Interview
<i>Lindamood</i>	<i>Kevin</i>	<i>C.E.O.</i>	<i>Health Care for the Homeless</i>		<i>JHH Interview</i>

Johns Hopkins Bayview Medical Center

<i>Peterson</i>	<i>Ronald</i>	<i>President</i>	<i>Johns Hopkins Health System &amp; The Johns Hopkins Hospital</i>		<i>JHH Interview</i>
Ritenour	Regina	Director, Social Work	JHBMC	9/28/2012	Interview
Satin (Dr.)	Andrew	Chief, Obstetrics and Gynecology	JHBMC	10/23/2012	Interview
<i>Sharfstein (Dr.)</i>	<i>Joshua</i>	<i>Secretary</i>	<i>Maryland Department of Health and Mental Hygiene</i>		<i>JHH interview</i>
<i>Strain (Dr.)</i>	<i>Eric</i>	<i>Director</i>	<i>JH Center for Substance Abuse Treatment and Research</i>		<i>JHH Interview</i>
Wood (Dr.)	Nollie	Executive Director	Mayor's Commission on Disabilities	9/26/2012	Interview
Wright (Dr.)	Scott	Chief, General Internal Medicine	JHBMC	11/1/2012	Interview

**Appendix C: JHBMC Community Health Needs Assessment Steering Committee**

Adams, Gayle	Director, Community Relations, Johns Hopkins Bayview Medical Center
Archer-Smith, Stephanie	Executive Director, Meals on Wheels
Bennett, Dr. Richard	President, Johns Hopkins Bayview Medical Center
Bessman, Dr. Edward	Chairman, Emergency Medicine
Branch, Dr. Gregory	Health Officer, Baltimore County Department of Health
Brodian, Craig	Vice President, Human Resources
Buehler, Janet	Director, Tax Compliance, Johns Hopkins
Carroll, Patricia	Manager, Community Relations, Johns Hopkins Bayview Medical Center
De La Torre, Desiree	Assistant Director Health Policy Planning, Johns Hopkins Health System
Evans, Janice	Community Leader, Dundalk
Everett, Dr. Anita	Medical Director, JHBMC Community Psychiatry Program
Francioli, Carl	Vice President, Finance, Johns Hopkins Bayview Medical Center
Fuller, Dr. Lonnie	Medical Director, Highlandtown Healthy Living Center, Balto. Medical System
Gavrillis, John	C.E.O., Greektown Community Development Corporation
Hale, Dr. Daniel	Special Assistant to President
Hellmann, Dr. David	Vice Dean, Bayview Campus
Kingeter, Terri	Baltimore County Department of Planning
Koszalka, Dr. Maria	Vice President, Patient Care Services
Krysiak, Carolyn	Trustee, Johns Hopkins Bayview Medical Center
Letke-Alexander, Pat	Manager, Care-a-Van, Johns Hopkins Bayview Medical Center
Lyketzos, Dr. Constantine	Chairman, JHBMC, Department of Psychiatry
Mahoney, Michelle	Teacher, Patterson High School
Menzer, Amy	Executive Director, Dundalk Renaissance Corporation
Pantle, Dr. Hardin	Assistant Professor, Emergency Medicine
Parker, H. Edward	Community Leader, Chairman, JHBMC Community Advisory Board
Polk, Dr. Sarah	Assistant Professor, Pediatrics
Rosborough, Beth	Coordinator, Community Relations Department
Ryer, Chris	President, Southeast Community Development Corporation
Satin, Dr. Andrew	Chair, JHBMC Medical Board, Chief of Obstetrics & Gynecology
Seraphin, Dominic	Director, Marketing , JHBMC
Smith, Dr. Michael	Director, Center for Behavior and Health, JHBMC
Steigner, Susan	Social Worker, Patterson High School
Tiebert-Maddox, Sharon	Director, Strategic Operations, Government and Community Affairs

## **Appendix D: Johns Hopkins Health System Community Benefits Work Group Fiscal Year 2012**

### **The Johns Hopkins Hospital**

- Deidra Bishop, Director, East Baltimore Community Affairs
- Zakia Hospedales, Budget Analyst, Government and Community Affairs
- Sharon Tiebert-Maddox, Director Strategic Operations, Johns Hopkins Government and Community Affairs
- William Wang, Associate Director, Strategic Operations, Government and Community Affairs

### **Johns Hopkins Bayview Medical Center**

- Gayle Johnson Adams, Director, Community and Government Relations
- Patricia A. Carroll, Community Relations Manager
- Kimberly Moeller, Director, Financial Analysis

### **Howard County General Hospital**

- Cindi Miller, Director, Community Health Education
- Fran Moll, Manager, Regulatory Compliance

### **Suburban Hospital**

- Eleni Antzoulatos, Program Coordinator, Community Health and Wellness
- Joan Hall, Director, Finance Director, Clinical Economics, Reimbursement and Health Information
- Monique Sanfuentes, Director, Community Health and Wellness

### **Sibley Memorial Hospital**

- Alison Arnott, Vice President, Support Services
- Marti Bailey, Director, Sibley Senior Association and Community Health
- Mike McCoy, Associate CFO, Finance Department
- Christine Stuppy, Vice President, Business Development and Strategic Planning

### **All Children's Hospital**

- Mary Mahoney, Director of Marketing
- Jeff Craft, Administrative Director of Finance

### **Johns Hopkins Health System**

- Janet Buehler, Director of Tax
- Desiree de la Torre, Assistant Director, Health Policy Planning
- Bonnie Hatami, Senior Tax Accountant
- Anne Langley, Director, Health Policy Planning



**Appendix E: Johns Hopkins Health System Community Benefits Advisory Council FY 2012**

- Gayle Adams, Director of Community Relations and Government Affairs, Johns Hopkins Bayview Medical Center
- Jay Blackman, Executive Vice President/Chief Operating Officer, Howard County General Hospital
- John Colmers, Vice President, Health Care Transformation and Strategic Planning, Johns Hopkins Health System
- Kenneth Grant, Vice President of General Services, The Johns Hopkins Hospital
- Daniel Hale, PhD. , Special Assistant to the President, Johns Hopkins Bayview Medical Center
- Sharon Tiebert-Maddox, Director Strategic Operations, Johns Hopkins Government and Community Affairs
- Adrian Mosley, Community Health Administrator, The Johns Hopkins Hospital
- Monique Sanfuentes, Director of Community Health and Wellness, Suburban Hospital
- Jacqueline Schultz, Chief Operating Officer, Suburban Hospital
- Arnold Stenberg, Executive Vice President and Chief Administrative Officer, All Children's Hospital
- Christine Stuppy, Vice President for Business Development and Strategic Planning, Sibley Memorial Hospital

**Appendix F: Survey Instrument**

**Community Health Assessment Project – Community Survey**

I am  Male  Female. I am \_\_\_\_\_ years old. My zip code is \_\_\_\_\_.

1. In general, I feel that my health is:

- Excellent  Very good  Good  Fair  Poor

2. How do you relieve stress? (Check all that apply)

- Exercise  Take a Pill  Eat  Sleep  Talk to a friend  
 Meditate  Have a drink  Get a massage  Pray  Smoke  
 Watch TV  Talk to a clergy member  
 Take it out on someone else  Other

3. I have been told by a doctor that have/had: (check all that apply)

- Lung cancer  Depression  Arthritis in some of my joints  
 Prostate cancer  Diabetes (blood sugar)  Asthma  
 Breast cancer  Glaucoma  Sexually transmitted disease  
 Cervical cancer  Heart disease  High cholesterol  
 Skin cancer  HIV/AIDS  Stroke

4. Where do you go most often to get your medical care or advice about health? Check one:

- Family doctor  Emergency room  Magazines  
 Ob/GYN doctor  Company health clinic  Pamphlets  
 Public clinic  News papers  
 Specialist(s) (such as hear or cancer doctor) please specify:

\_\_\_\_\_

Other – please specify:

\_\_\_\_\_

5. Do you have health insurance?

- No, I do not have it now, but I used to have health insurance  
 No, I have never had health insurance  
 Yes, I have health insurance. Please check the type(s) of insurance you have:  
 Medicare A  Medicaid/Medical Assistance  
 Medicare B  CHAMPUS/VA  
 Private/commercial (which one?)

\_\_\_\_\_

HMO (which one?)

\_\_\_\_\_

Other (please specify)

\_\_\_\_\_

6. I have not been able to get the health care I need because: (check all that apply):

- I have no insurance
  - My insurance doesn't cover the care I need
  - Local doctors won't take my insurance
  - Health care services are not close by
  - I can't get time off from work
  - Other (please specify):
  - I can't pay for services
  - I don't have a ride
  - My deductible is too high
  - I don't trust doctors
  - It's not a priority
- 

7. Do you smoke?     Yes    No, I never smoked    No, I don't smoke now but I used to

8. About how many days per week do you drink alcohol (beer, wine, liquor)?

---

9. In the last 6 months have you used cocaine, marijuana or other street drugs?  Yes    No  
Have you ever used cocaine, marijuana or other street drugs?     Yes    No

10. Do you keep a handgun in the house, car or truck?     Yes    No

11. Please check all that apply:

- I live alone
  - I live with my husband or wife
  - Other
  - I live with another family member (please specify)
- 

I have a pet(s)

12. During the past year, I have ..... (please check all that apply):

- ... received prescription medicine from more than one doctor
- ... received prescription medicine from more than one pharmacy
- ... used medicine prescribed for others

13. Has anyone in your household been pregnant in the last two years?  Yes    No

If yes, age at time of pregnancy: \_\_\_\_\_

Prenatal care began ...  first 3 months    4-6 months     after 6 months

no prenatal care

The baby's delivery was ...  Normal    C-section     Other \_\_\_\_\_

14. In the past two years, I have made use of: (please check all that apply):

- Buses, train, subway
- Unemployment
- None
- Cash assistance (AFDC, SSI, Disability)
- Food stamps
- Prescription assistance
- Help with utility bills
- Other: \_\_\_\_\_
- WIC
- Subsidized housing

15. Please answer if you have children under age 20. If not please skip to question 15.

My child/children have been checked for (please check all that apply):

- Vision
- Hearing
- Allergies
- Dental
- Lead poisoning
- Immunizations

I believe that my child is (please check all that apply):

- Using drugs
- Drinking alcohol
- Developing an eating disorder

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- Sexually active       Having difficulties in school
- Riding with a driver who has been drinking

16. How important are these items to a healthy community?  
 Rate each item on a scale of 1 (not important) to 5 (very important).

	1	2	3	4	5
Low level of child abuse					
Low crime rate					
Good jobs and a healthy economy					
Excellent race relations					
Low infant mortality					
Affordable housing					
Good schools					
Strong family life					
Low homelessness					
Low teenage pregnancy					
Not afraid to walk late at night					
Recycling effort/programs					
Public transportation					
Public space to meet friends					
Arts and cultural events					
Child care facilities					
Good infrastructure (roads, Bridges, sewers)					

## Appendix G: Community Survey Results

*This survey was administered at 24 sites in the community, with 284 responses.*

1. In general, I feel that my health is:
  - 47.9% felt their health was excellent to very good
  - 2.8% felt their health was poor
  
2. How do you relieve stress:
  - 48.2% of respondents exercise to relieve stress
  - 45.8% watch TV
  - 38.7% talk to a friend
  - 28.9% sleep
  - 25.7% pray
  - 21.5% have a drink
  - 21.1% eat to relieve stress
  - More respondents chose “take a pill” (9%) over “talk to a clergy member” (6%)
  
3. I have been told by a doctor that I have/had:
  - Arthritis in some of my joints was reported by 43.3% of respondents
  - 28.5% reported high cholesterol
  - 15.1% of respondents reported diabetes (blood sugar)
  - 10.7% of respondents marked some type of cancer
  - 12.3% reported depression
  
4. I have not been able to get the health care I need because: (Top responses)
  - No insurance
  - Can’t pay for services
  - Not a priority
  - Deductible is too high
  - No transportation
  
5. Insurance
  - 78.5% reported that they go to their family doctor most often for care or advice
  - 41.9% of respondents have Medicare
  - 1.1% have never had health insurance
  - 3.2% do not have any insurance now

6. Do you smoke?
  - 58.6% of respondents stated they have never smoked
  - 22.5% stated they used to smoke but do not now
  - 14.8% are current smokers
  
7. (Part 1) In the last 6 months have you used cocaine, marijuana or other street drugs?
  - 93.7% of respondents stated “no”
  - 2.8% stated “yes”

(Part 2) Have you ever used cocaine, marijuana or other street drugs?

  - 80.6% answered “no”
  - 14.4% responded “yes”
  
8. Do you keep a handgun in the house, car or truck?
  - 13.4% responded “yes”
  
9. Please check all that apply:
  - 34.5% of respondents live alone and 31% have a pet or pets
  - 46.9% of respondents live with a husband or wife, or another family member
  
10. During the past year, I have...
  - 45.4% received prescription medicine from more than one doctor, while 17.6% received prescription medicine from more than one pharmacy
  
11. In the past two years, I have made use of:
  - 22.5% of respondents use buses, train, subway
  - 4.2% use prescription assistance
  - 7.4% receive food stamps
  - 37.3% answered “none” of the resources listed
  
12. The top 5 items important to a healthy community (ranking of 17 attributes):
  - Low level of child abuse
  - Low crime rate
  - Good jobs and a healthy economy
  - Excellent race relations
  - Low infant mortality

Response levels regarding pregnancy and early childhood health were too low to analyze.

**Appendix H: Participating Community Organization Survey Sites**

<b>Community Organization</b>	<b># of surveys</b>	<b>Date completed</b>
Bayview Business Association	7	10/10/12
Bayview Community Association	13	10/16/12
Berkshire	7	10/03/12
Bowleys & Moravia	7	09/26/12
Canton Community Association	8	09/25/12
Colgate Community Association	7	10/25/12
Edgemere Senior Center	15	10/18/12
Graceland Park Community Association	12	10/31/12
Greater Dundalk Alliance	10	11/07/12
Greater Dundalk Community Council	4	10/11/12
Harbor View	7	10/07/12
Hatton Senior Center (13/21)	34	09/26/12
Highlandtown Community Association	13	10/15/12
Highlandtown Co-op	5	10/30/12
Millers Island Edgemere Business Association	5	09/19/12
Our Lady of Fatima Leisure club	11	09/24/12
Our Lady of Fatima Senior Housing	4	09/24/12
Patterson Park Neighborhood Association	27	10/18/12
Public Forum Johns Hopkins Bayview	12	10/23/12
Saint Helena Community Association	19	10/04/12
Saint Matthews United Methodist Church	35	10/28/12
St. Nicholas Greek Orthodox Church	3	10/14/12
Turners Station Community Conservation Team	8	10/25/12
Young at Hearts Senior Club Dundalk	11	10/15/12

**Appendix I: Johns Hopkins Bayview Interview Summary**

Direct Interview Results

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Community Health Needs Assessment FY 13

n=48

**1. What are the top 2 or 3 health concerns in our area?**

Addiction	(plus 8 smoking, 1 alcohol)
Chronic disease	(includes specific: 9 diabetes, 5 heart-related)
Mental Health	
Obesity	(plus 2 physical activity, 7 nutrition)

**2. a. What health assets or resources does our area currently lack?**

Provider access	(8 provider access, 6 local clinic )
Community education programs	8 (plus 4 guide to resources, 1 topic-specific )
Addiction treatment	5 (plus 1 supportive housing)
Relationships within communities	5
Access to healthy food, nutrition info.	5

**b. What assets do you see?**

Hospitals and health organizations	48
Strong neighborhoods	5

**3. What are the barriers to obtaining health services?**

Education (how to take care of yourself, navigate the system)	20
Insurance coverage	18
Cost/money	15
Language	10
Transportation	12

**4. What ideas do you have for addressing health needs?**

87 ideas shared	
Provide information, outreach, services in the community	12
Plus specific ideas about outreach	52
Hospital-based ideas	15
Policy/procedure ideas	6



**Appendix J: Community Health Needs Assessment Public Forum Summary**

On Tuesday, October 23, Johns Hopkins Bayview Medical Center held a public forum to discuss the community health needs assessment. The forum was set up for the attendees to have an open dialogue with the hospital's executive leaders and gather feedback regarding the health needs of the community. A mixed group of twenty two members of the community and fifteen hospital staff were in attendance.

Dr. Richard Bennett, Johns Hopkins Bayview Medical Center President, opened the forum with a brief history of Bayview and the various programs available on the campus. Gayle Adams, Director, Community Relations, provided information on the community health needs assessment and facilitated the data gathering questions.

The attendees voted on the open-ended questions using wireless key pad technology. After the electronic voting session, time was allotted for questions/discussion.

A question was asked regarding what the Hopkins system has done to help the community meet the needs of the uninsured. Dr. Bennett explained that Johns Hopkins Medicine created Priority Partners and has worked closely with Baltimore Medical Systems in the community. Managed Care Organizations have expanded by 6,000 to also help address this need. The government will be guiding the hospitals in regards to insurance coverage in the coming years.

Past needs assessments (2) will be reviewed to compare previous data with the data we are currently collecting. Doing so will help us identify issues we need to address. An active member of the community in attendance stated there have been issues with clinics unable to receive payment from Priority Partners related to substance abuse treatment and mental health services. There seems to be a gap in coverage and a lack in coordination of benefits. Dr. Bennett mentioned the various substance abuse programs on the campus. A member of the audience spoke about the importance of addiction treatment in the community. Navigating the system for this type of care is challenging as she feels society does not care for the addicted. Knowledge about resources for this population is limited while stigma and discrimination are still everyday problems. Other members of the audience were made aware of a new substance abuse treatment clinic in Dundalk called One Voice Recovery. A social worker from Patterson High School expressed the need for bilingual mental health therapy since 15% of Patterson High School students are Spanish-speaking. There is also a smaller need for hearing impaired services.

Another member of the audience mentioned the need for nutrition and dietary education programs following cancer treatment.

Dr. Gregory Branch, Director, Health and Human Services, Baltimore County stated that building healthy communities includes addressing safety issues, having places for kids to play and run and creating a community that is safe.

A majority of the audience was unaware of all the programs and specialty clinics available on the Johns Hopkins Bayview Medical Center's campus. Several of the above statements indicate the need for connecting the community to the programs and resources available locally and on the Bayview campus.

**Appendix K: Public Forum Voting Results**

October 23, 2012  
 Community Health Needs Assessment  
 Public Forum Voting Results

*All results are percentage of respondents.*

**Question 1: Which CHNA zip code do you live or work in?**

	26
2- 21224	52
3-21052	0
4-21219	0
5-I live in an adjacent zip code	7
6-I do not live/work in this area	15

**Question 2: On a scale of 1 (very poor) to 5 (excellent), please rate the quality of:**

	Very Poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
Recreational Activities	0	19	56	11	15
Neighborhood Safety	4	23	54	19	0
Fresh produce and other healthy foods	11	25	32	25	7
Schools and education	8	19	58	12	4
Housing	8	23	42	23	4
Transportation	7	22	30	41	0
Jobs/employment	0	38	35	19	8
Healthcare	4	12	16	32	36

**Question 3: On a scale of 1 (very poor) through 5 (excellent), please rate the following statement:  
 Residents in the area are able to access....**

	Very Poor	Poor	Fair	Good	Excellent
	1	2	3	4	5
A primary care physician (family doctor; general practitioner; internist; pediatrician)	8	27	23	15	27
A medical specialist	12	27	12	15	35
A dentist	35	15	12	19	19
Transportation for medical appointments	15	27	42	4	12

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Health care providers accepting Medicaid or other forms of medical assistance	8	21	25	33	13
Bilingual health care providers in the community	22	52	13	4	9
Health prevention, screening and wellness programs	19	33	26	15	7

Question 4: On a scale of 1 (not at all critical) to 5 (very critical), how critical do you believe the following is in our community?

	Not at all critical	Not very critical	Somewhat critical	Critical	Very Critical
	1	2	3	4	5
Diabetes	4	4	15	12	65
Cancer	0	4	0	38	58
Heart Disease/Stroke/Hypertension	0	0	0	12	88
Obesity	0	0	0	11	89
Mental/Behavioral Health	0	7	4	19	70
Substance Abuse	0	4	4	29	64
Respiratory/Lung Disease	0	4	22	37	37

Question 5: Please rate how important \_\_\_\_\_ is to the use of health services in the community.

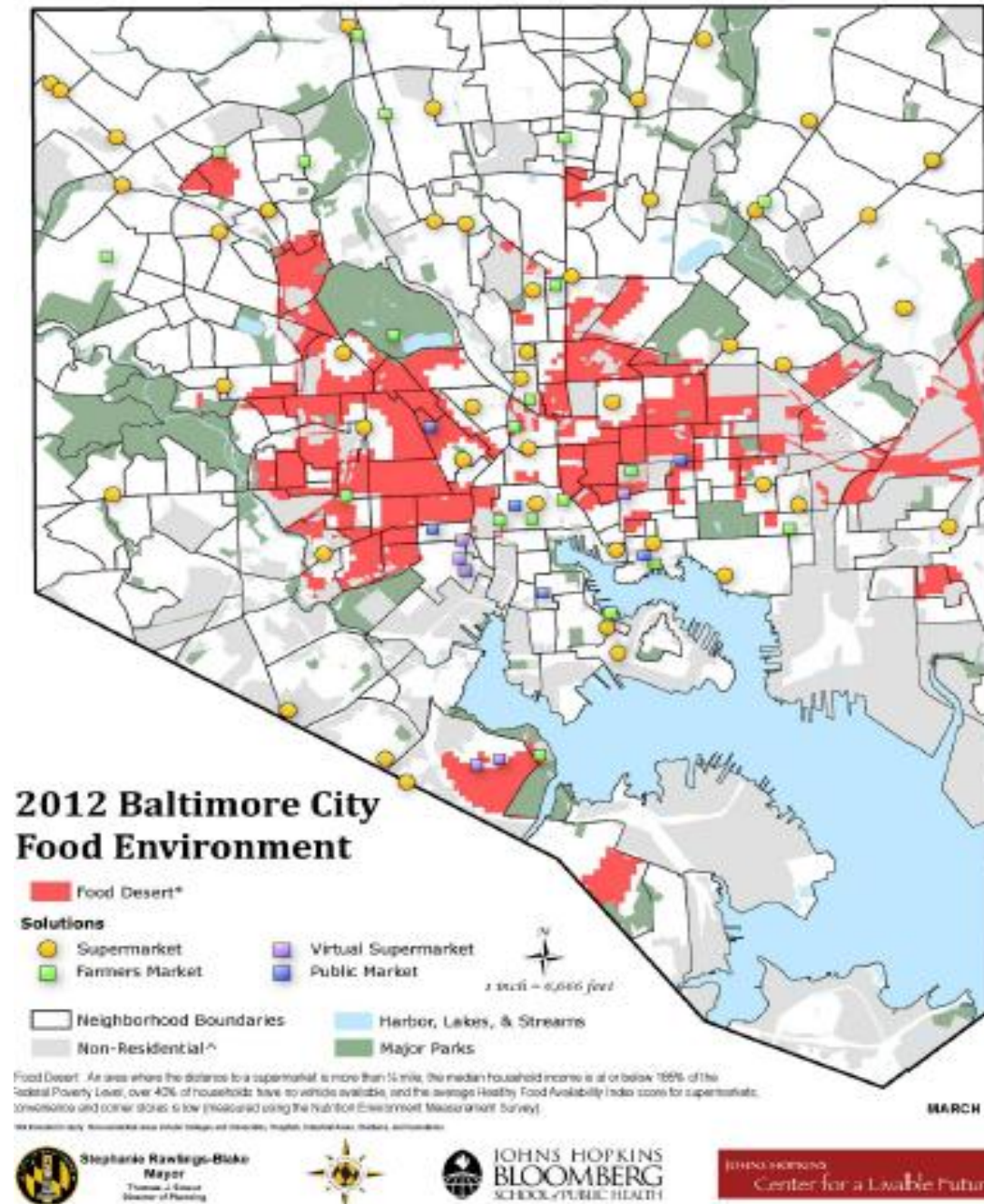
	Not important	Of little importance	Moderately important	Important	Very important
	1	2	3	4	5
Insurance coverage/financial means	0	0	0	7	93
Transportation	0	0	19	26	56
Language skills	0	0	7	41	52
Education/knowledge of health and illness	4	4	4	29	61
Availability of health care providers	0	0	0	29	71

## Appendix L: Other data considered

### “Food Deserts”

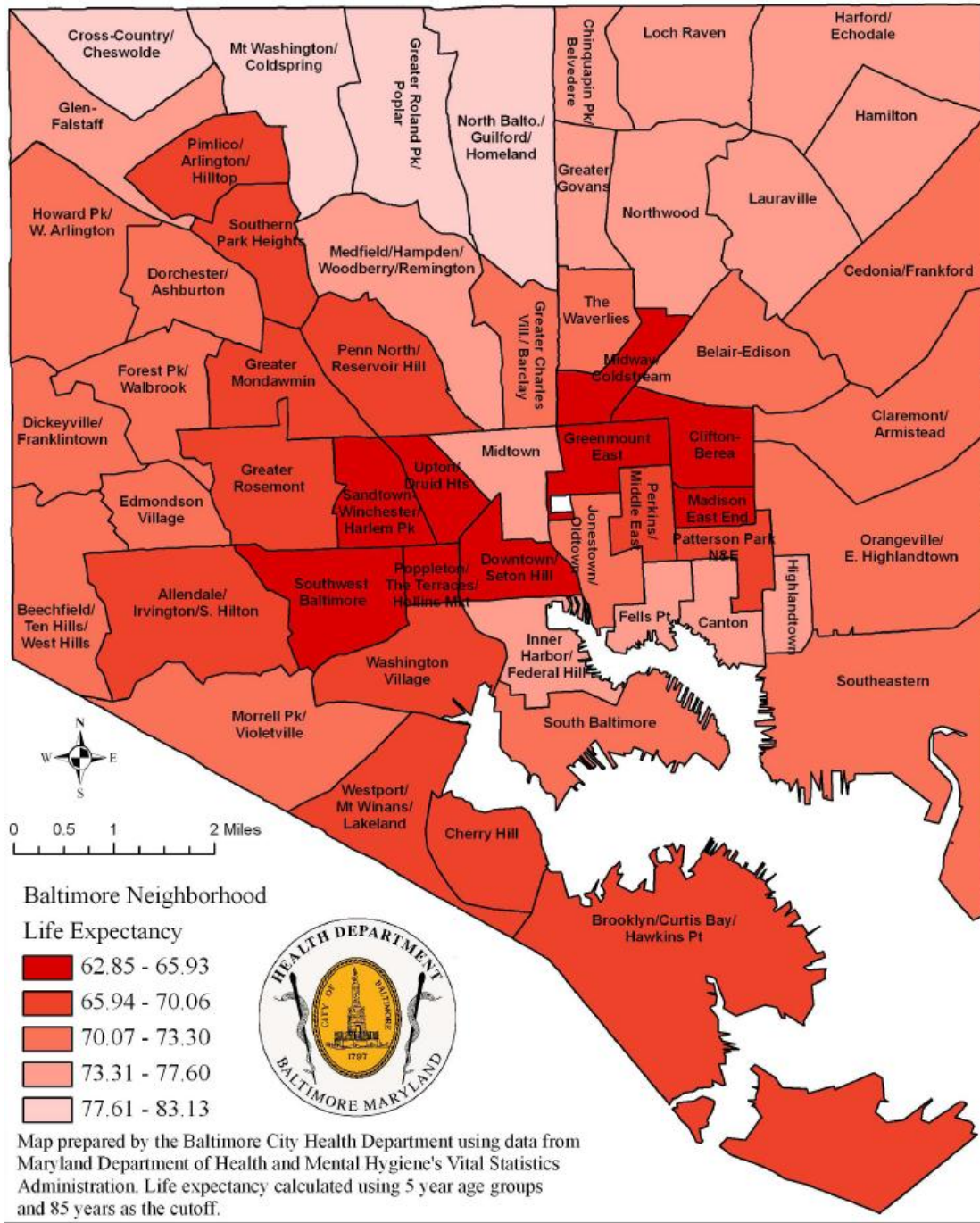
Low income areas that do not have easy access to supermarkets:

- Distance to supermarket > 0.25 miles
- Median Household income 185% of the Federal Poverty Level
- > 40% Households have no vehicle.



**20-year mortality disparities in Baltimore City neighborhoods**

**Neighborhood Health Profiles 2011**



**SOURCE:** Neighborhood Health Profiles 2008  
 Office of Epidemiology and Planning –  
 Baltimore City Health Department – October 2008

**Cancer Rates**

**Table 3.  
All Cancer Sites Age-Adjusted Incidence Rates\*  
by Jurisdiction, Gender and Race, Maryland, 2007**

Jurisdiction	Total	Gender		Race		
		Males	Females	Whites	Blacks	Other
Maryland	455.3	528.9	404.1	460.5	444.0	343.9
Allegany	486.8	558.4	436.1	495.3	**	**
Anne Arundel	486.0	533.4	452.3	492.5	447.2	376.3
Baltimore City	459.6	548.4	402.6	440.7	465.2	445.9
Baltimore County	458.5	526.2	410.3	459.9	465.9	346.3
Calvert	515.0	625.2	432.2	540.5	397.0	**
Caroline	488.6	584.1	410.7	497.0	464.7	0.0
Carroll	473.7	528.8	435.8	474.3	266.1	**
Cecil	523.5	546.3	509.5	529.4	503.6	**
Charles	468.9	594.5	381.0	453.0	499.4	398.1
Dorchester	463.0	527.2	415.5	435.3	552.6	0.0
Frederick	426.8	473.1	400.8	430.0	324.3	253.0
Garrett	409.6	503.9	333.0	413.2	0.0	0.0
Harford	515.6	630.5	434.1	515.2	529.2	287.5
Howard	445.1	499.7	409.4	455.2	435.6	337.6
Kent	522.3	597.0	469.4	519.5	513.0	**
Montgomery	411.6	468.7	374.9	415.7	439.7	315.4
Prince George's	409.8	506.1	345.4	385.6	424.1	335.9
Queen Anne's	524.8	643.2	418.8	529.0	435.7	**
Saint Mary's	492.1	580.0	425.2	507.4	426.8	**
Somerset	521.7	586.2	469.5	494.0	528.9	**
Talbot	519.2	595.0	459.5	512.3	577.7	**
Washington	506.7	629.2	422.8	505.2	614.5	**
Wicomico	493.7	575.9	432.8	511.6	454.2	**
Worcester	534.6	641.5	451.7	528.0	397.4	4,886.7

\* Rates are per 100,000 and are age-adjusted to 2000 U.S. standard population

\*\* Rates based on case counts of 1-15 are suppressed per DHMH/MCR Data Use Policy and Procedures

Source: Maryland Cancer Registry

**SOURCE:** DHMH 2010 Cancer Report and Risk Behaviors Report,. Updated March 2011.

**Baltimore City Health Department Neighborhood Profiles 2011**

<b>DEMOGRAPHICS</b>	<b>Orangeville/ East Highlandtown (% unless indic.)</b>	<b>Southeastern</b>	<b>Canton</b>	<b>Patterson Park North &amp; East</b>	<b>Highlandtown</b>	<b>Baltimore City</b>
<b>Age</b>						
0-17	21.1	23.1	7.1	22.2	14.2	21.6
18-24	10.3	10.4	10.5	11.6	10.6	12.5
25-44	34.5	28.6	53	41.2	47.1	28.8
45-64	21.9	25.1	18.5	18.7	18.9	25.2
65+ years	12.2	12.8	10.9	6.2	9.2	11.8
<b>Gender</b>						
Men	52	47.5	49.5	50.1	51.5	46.7
Women	48	52.5	50.5	49.9	48.5	53.3
<b>Race/Ethnicity</b>						
Bl/Afr. Amer.	12.9	26.3	4.1	38.7	9.2	63.6
White	60.6	56.7	88.9	44.1	72.8	29.7
Asian	3.1	1.9	3.4	2	2.6	2.4
Some other	19.8	11.5	1.9	11.8	12	2.2
2 or more	3.6	3.6	1.7	3.4	3.4	2.1
Hisp/Latino	30.3	19.9	5	21.1	19.3	4.2
<b>SOCIOECONOMIC CHARACTERISTICS</b>						
<b>Median Household Income</b>	<b>38,467</b>	<b>28,912</b>	<b>77,222</b>	<b>44,252</b>	<b>49,680</b>	<b>37,395</b>
<\$25000	34.3	39	14.9	30.7	22	33.3
\$25000-39999	18.1	22.5	7.8	15.8	20.8	18.1
\$40000-59999	24.3	16.4	14.3	16.4	11.3	17.1
\$60000-74999	11.8	6.6	11.4	10.7	13.1	9.1
\$75000 and over	11.5	15.4	51.6	26.3	32.7	22.5
<b>Unemployment</b>						
% Unemployed	12.7	8.5	3.1	11.3	9.8	11.1
<b>Family Poverty Rate</b>						
% Families in Poverty	17.5	19.7	1.6	16.1	7.6	15.2
<b>Single Parent Households</b>						
% HH with children<18	19.2	25.9	6.8	25.5	15.5	26

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**EDUCATION**

	Orangeville/ East Highlandtown	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
<b>School Readiness and 3rd &amp; 8th grade</b>						
<b>Reading Proficiency</b>						
% Kindegart Fully Ready to learn	58.3	38.3	47.8	60.1	76.3	65
% 3rd graders proficient or better	74.6	80.8	79.2	62.1	72.1	77.6
% 8th graders proficient or better	58.6	58.6	75.7	43.6	47.4	58.6
<b>School Absenteeism</b>						
<b>(% missed 20+ days of school)</b>						
Elementary	11.7	8	9.9	13.4	11.6	10.1
Middle School	19.1	15.2	14.7	23.7	24.1	16.3
High School	34.7	38.1	33.3	46.3	51.8	39.2
<b>Adult educational Attainment</b>						
<b>(Ages 25 and older)</b>						
High School or less	58.6	73.5	25.8	59.9	51.4	52.6
Bachelors degree or more	18.4	6.5	58.9	21.6	32.7	25
<b>COMMUNITY BUILT AND SOCIAL ENVIRONMENT</b>						
Alcohol Store Density (# stores per 10,000 residents)	2.2	4.8	4.9	2.7	5.5	4.6
Tobacco Store Density (stores per 10,000 residents)	46	36.7	23.5	32.3	41.4	21.8
Juvenile Arrest rate (arrests per 1000 10-17 y.o.)	172	138.5	179.3	205.4	206.1	145.1
Domestic Violence Rate (per 1000)	44.2	57.3	18.7	42.6	32.3	40.6
Non-fatal Shooting rate (per 10,000)	16.4	36.7	2.5	49.5	17.9	46.5
Homicide Incidence rate(per 10,000)	13.1	19.2	2.5	20.6	9.7	20.9
(all per 10,000 HH or units)						
<b>HOUSING</b>						
Lead Paint Violation Rate	9.3	0.5	1.3	34	4.5	11.8
Energy Cut off Rate	29	35.3	7.2	51.2	20.6	39.1
Vacant Building Density	164.7	30.2	94.5	688.4	157.7	567.2
Vacant Lot Density	709.6	1275	110.6	215.5	106.9	593.1



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	Orangeville/ East Highlandtown	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
<b>FOOD ENVIRONMENT</b>						
Fast Food Density	8.8	11.2	2.5	0.7	2.8	2.4
Carry-out Density	16.4	9.6	12.3	14.4	22.1	12.7
Restaurant Density	14.2	8	2.5	19.9	19.3	9
<b>Supermarket Proximity</b>						
By Bus	5	7	2	3	1	3.7
By Car	7	17	2	3	3	12.3
Walking	15	21	4	4	5	16.6
<b>HEALTH OUTCOMES</b>						
<b>Life Expectancy &amp; Premature Mortality</b>						
Life Expectancy at Birth	71	71.1	76.9	70.1	74	71.8
Age-adjusted Mortality (deaths per 10,000 residents)	124.7	115.7	86.7	133.6	113.7	110.4
Total Annual years of potential life lost (per 10,000 residents)	1268	1525.9	506.6	1311	780.8	1372
<b>Avertable Deaths (% avoidable if equal to areas with highest income)</b>						
Avertable Deaths (%)	40	35.2	16.1	50.6	35.9	36.1
<b>Top 10 causes of death - rate per 10,000</b>						
Heart Disease	36.4	31.2	22.8	38.5	30	25.8
Cancer	24.9	26.3	25.1	27.8	27	20.8
Lung	10.1	9.6	6.5	7.2	8.5	6.3
Colon	2.1	2.1	3	2.4	2.6	2.1
Breast	2.1	3.8	2.8	8.2	1.4	3.2
Prostate	1.8	3.2	2.8	4.2	1.4	2.5
Stroke	6.8	3.2	3.5	5.4	1.6	4.7
HIV/AIDS	0.7	2.7	0.5	3.7	0.3	3.5
Chronic Lower Respiratory Disease	5.9	5.8	4.5	5	8.7	3.5
Homicide	1.5	2.5	0.3	3.4	0.5	3.4
Diabetes	3	1.8	3.2	3.6	4.4	3.2
Septicemia(blood poisoning)	2.9	3.7	2.2	3	2.9	3.1
Drug-Induced	4.6	3.5	0.7	3.2	3.8	2.8

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	Orangeville/ East Highlandtown	Southeastern	Canton	Patterson Park North & East	Highlandtown	Baltimore City
Injury	5	2.9	2.9	4	2.4	2.5
<b>Mortality by age (per 10,000 in that age group)</b>						
Less than 1	1.1	8.6	6	8.8	4.8	12.1
1-14 years	0	8.1	6.8	4.3	1	1.8
15-24	5.5	2.7	15.3	8.2	7.9	28.9
25-44	37.7	9.1	40.3	31.8	22.2	43.6
45-64	96.4	100.5	143.5	144.9	70.3	115
65-84	262.6	593.4	471.1	493.5	361.4	489.9
85+	1327	1761.2	1632	1568	1700.9	1333
<b>MATERNAL AND CHILD HEALTH</b>						
<b>Lead Poisoning</b>						
% Children with elevated blood lead levels	1.9	0	1.2	5.5	3.8	3.4
<b>Birth Outcomes</b>						
Birth Rate (live births per 1000 persons)	20.5	18.1	12.6	20.7	18.9	15.4
Teen Birth Rate	131.3	68	69.8	92	69	65.4
% Live births with inadequate spacing	11.8	12.4	11.8	14.3	15.3	15.1
% Women with prenatal care 1st trimester	74.9	74.3	91.2	73.4	78.8	77.3
% Women who reported smoking while pregnant	11.8	14.2	2.9	8.6	2.9	8.8
% live births occurring pre-term (<37 wks)	15	8.8	10.8	11	10.2	13.1
% births Low Birth Weight	6.4	8.8	10.8	11	10.9	12.8
Infant Mortality Rate per 1000 live births	1.1	8.6	6	8.8	4.8	12.1

## APPENDIX M: References

- Ames, A., Evans, M., Fox, L., Milam, A., Petteway, R., & Rutledge, R. (2011).  
Neighborhood Health Profiles, December 2011. Baltimore, MD: Baltimore City  
Health Department,
- Baltimore City Health Department, Office of Epidemiology and Planning. (2010). 2010  
Baltimore City Health Disparities Report Card. Retrieved from website:  
[http://www.baltimorehealth.org/info/2010\\_05\\_25\\_HDR-FINAL.pdf](http://www.baltimorehealth.org/info/2010_05_25_HDR-FINAL.pdf)
- Baltimore City Health Department, Office of Epidemiology and Planning. (2011). The  
Health of Latinos in Baltimore City. Retrieved from website:  
[http://baltimorehealth.org/press/2011\\_10\\_20\\_Health\\_of\\_Latinos\\_Report\\_ENG.pdf](http://baltimorehealth.org/press/2011_10_20_Health_of_Latinos_Report_ENG.pdf)
- County Health Rankings, (2012). Retrieved from website:  
<http://www.countyhealthrankings.org/>
- Health Services Cost Review Commission. *Health Services Cost Review Commission  
(HSCRC)*. Retrieved from website:  
[http://www.hscrc.state.md.us/hsp\\_Info1.cfm/](http://www.hscrc.state.md.us/hsp_Info1.cfm/)
- INTELLIMED International, (2012). Claritas 2010.
- Maryland Department of Health and Mental Hygiene, Vital Statistics Administration.  
(2011). Vital Statistics Preliminary Report, 2010. Retrieved from website:  
<http://dhmh.maryland.gov/vsa/Documents/prelim10.pdf> Healthy Baltimore  
2015
- Maryland Department of Health and Mental Hygiene. State Health Improvement  
Process (SHIP) (2011). Retrieved from website:  
<http://www.dhmh.maryland.gov/ship>
- Spencer, M., Petteway, R., Bacetti, L., & Barbot, O. Baltimore City Health Department,  
(2011). Healthy Baltimore 2015: A city where residents realize their full health  
potential. Retrieved from website:  
[http://www.baltimorehealth.org/info/Healthy\\_Baltimore\\_2015/HealthyBaltimore2015\\_Final\\_Web.pdf](http://www.baltimorehealth.org/info/Healthy_Baltimore_2015/HealthyBaltimore2015_Final_Web.pdf)

U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. (2010). *Healthy People 2020*. Retrieved from website:

<http://www.healthypeople.gov/2020>

U.S. Census Bureau, American Fact Finder. (2010). Retrieved from website:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>