bon secours health system

Good Help to Those In Need®

BON SECOURS HEALTH SYSTEM

Community Health Needs Assessment

Bon Secours Baltimore Health System

respect | compassion | justice | integrity | quality | innovation | stewardship | growth

Executive Summary

Bon Secours Baltimore Hospital is a 125 bed facility licensed in the state of Maryland and serving more than 17,000 residents in various communities in and near Southwest Baltimore.
Bon Secours Baltimore Health System is a member of the Bon Secours Health System whose Mission is to be Good Help® to those in need.

Over the period of 2009-2012 Bon Secours Baltimore Hospital conducted a Community Health Needs Assessment that included meetings, interviews, community summits and literature studies and the engagement of those representatives of our community with a knowledge of public health, the broad interests of the communities we serve, as well as individuals with special knowledge of the medically underserved, as well as low-income and vulnerable populations and people with chronic diseases.

This Assessment determined that to address the most significant health needs of our service area we must develop a plan of action:

- To help make Southwest Baltimore a place where residents live long, satisfying lives, are proactive about their health and wellness, understand the importance of healthful eating and have access to healthful foods in a variety of locations and outlets, including at the hospital.

- To help make Southwest Baltimore a community where residents are ready to work, are self-sufficient and have access to jobs that enable them to support themselves and their families.

- To help make Southwest Baltimore a more environmentally-friendly community, lush with nature and green, open spaces, lead-free and with air that is safe to breathe and water that is safe to drink.

- To develop a coalition to be made up of senior leaders from the organizations which comprise the core of West Baltimore's health care safety net.

- To focus on primary care engagement, expanding primary care capacity, and preparing for the Affordable Care Act.

In this Assessment we have identified community wide resources that can/may assist in addressing the health needs of our community. We will work with many of these health facilities and organizations to develop plans and programs to improve the health of our community.

If you would like additional information on this Community Health Needs Assessment please contact George Kleb, George_Kleb@bshsi.org, (410) 362-3199.

BON SECOURS FACILITY DESCRIPTION AND VISION

Bon Secours Baltimore Health System (BSBHS) strives to fulfill the mission of Bon Secours Ministries – to help the people and the communities of West Baltimore by providing compassionate, quality healthcare and being "good help" to all in need.

With this mission in mind, Bon Secours stands proudly as an anchor institution in an area of West Baltimore that has suffered from disinvestment for many years. Its delivery of quality healthcare and community services is critical to the health and well-being of people in the area. In fulfilling its mission, Bon Secours also generates critical economic impact in the surrounding community and across Baltimore City.

Working collaboratively with partners, our vision is that Southwest Baltimore can become a vital, healthy community where residents will be empowered to take ownership of their health and will have the expectation of living full, healthy lives.

SECTION I

BON SECOURS FACILITY SERVICE AREA AND DESCRIPTION OF COMMUNITY SERVED

Bon Secours Hospital ("BSB" or the "Hospital") has played a vital role in West Baltimore for decades. The Hospital is a 125 bed facility with 6,579 admissions for the fiscal year ending August 31, 2012. The hospital serves west and southwest Baltimore, where nearly a third of the city's total population resides. Dominated by the elderly, women and children, BSB's service area includes some stable neighborhoods, but far too many neighborhoods facing significant social challenges in the areas of housing, employment, education and health.

Slightly less than half of BSB' admissions are either self-pay or Medicaid patients.

Bon Secours Baltimore Health System's Community Health Needs Assessment has taken into account challenges and conditions in its primary service area as described above with a special emphasis on the neighborhoods surrounding BSB, known as "Old Southwest Baltimore." Bon Secours has maintained a constant presence in this part of Baltimore for over 130 years and it is the community where most of BSBHS's services are located.

A long standing tradition of close engagement with this community has led to the creation of many of the programs and services that BSBHS delivers, particularly those addressing the social determinants of health. The relationship between BSBHS and the surrounding community of Old Southwest Baltimore was of great benefit to many of the assessment activities outlined below.

In fact, many of the conditions and social determinants of health in the direct area serviced by BSBHS also are of concern in the broader service area – West Baltimore, as a whole. Taking that into account, assessment findings and interventions identified for the areas immediately surrounding the hospital are relevant and applicable to the entire West Baltimore community.

Old Southwest Baltimore has a population of more than 17,885 (2010 Census) people, many of whom are medically and economically underserved. The socioeconomic status, ethnic diversity and health status of residents, according to the Baltimore City Health Department, indicates that 27% of the population is between 0-17 years; 76% are African American; 36% have a high school diploma equivalent; 43% of those ages 16-64 are not employed; 44% of households make less than $25,000; and the leading causes of health-related deaths are heart disease, HIV/AIDS,

substance abuse and diabetes. In fact, in the neighborhoods served by BSB, residents die from heart disease at a rate that is 35% higher than the city as a whole. Deaths from diabetes and HIV/AIDS are also substantially higher than in the entire city. And residents of certain areas along the West Baltimore Street corridor have a life expectancy of 64.2 years, compared to almost 71 years for the entire city.

Health problems in the community are exacerbated by inadequate insurance coverage. Approximately 11% of neighborhood residents are covered by Medicare, and 31% receive Medicaid. Seventeen percent are without any form of health insurance.

Designated as a federal medically-underserved community, Southwest Baltimore also suffers from a high rate of foreclosures as many residents do not have the financial capacity to maintain their homes. Many of the streets are lined with neglected and vacant houses, many boarded up and hazardous to the health and safety of children and adults.

Despite these challenging statistics and circumstances, the neighborhoods of Southwest Baltimore show signs of new life and hope. Through our community partnerships, Bon Secours has initiated and supported neighborhood development and community-driven revitalization efforts that complement the health system's comprehensive services. Under the auspices of Community Works, BSB's community services arm, we are doing more than ever before to reach beyond the walls of the hospital to help our neighbors on their paths through life.

We provide career coaching and training through our workforce development programs. We help parents understand child development. We provide financial services, from income-tax preparation to wealth creation. We create gardens and clean up neighborhoods. We provide women who are struggling with homelessness and other issues a shower and a free hot breakfast.

Despite enormous challenges, we serve as an anchor of stability and hope for the residents of southwest Baltimore, providing health and wholeness to all in need.

See Appendix A for a more detailed description of Southwest Baltimore.

SECTION II

DESCRIPTION OF PROCESS AND METHODS USED TO CONDUCT THE ASSESSMENT

In November 2009, BSBHS launched a community health engagement process in partnership with the Operation ReachOut Southwest coalition (OROSW) and with assistance from the

University of Maryland Social Work Community Outreach Service (SWCOS), who provided the staff organizing and outreach aspects of the process. The goal of the project was to engage the community around the hospital in a process that culminated in an agreed-upon vision of an improved healthcare system which would lead to a healthier community; would be financially sustainable; and, a plan to achieve our vision. The process kicked off with our hosting a series of meetings involving nine community associations, churches, schools, service providers and seniors. At these meetings we gathered prioritized input from more than 100 community members and, from there, identified areas for improvement that were of most concern to residents.

Our interaction with the residents attending these meetings and our own experiences led us to also take into account the significant amount of community engagement and analysis that has taken place in Southwest Baltimore over the years. Numerous studies covering a plethora of topics have been done by various groups that focused on the challenges and opportunities related to health in West Baltimore. In order to have a full picture of community concerns and needs, we reviewed more than a dozen studies and catalogued the key findings and recommendations of each.

This planning process led to recommendations and strategies under three major areas of focus: Healthy People, Healthy Environment and Healthy Economy (specific recommendations outlined in Section 4).

The next step taken in our effort was a West Baltimore Health Care Summit convened by Senator Verna Jones-Rodwell in January 2010 in collaboration with Bon Secours Baltimore Health System. The Summit brought together 100 participants representing various stakeholders – hospitals, federally qualified health centers, physicians, philanthropic organizations, institutions of higher education, community members, and elected officials – to focus on improving access to primary care in Central and Southwest Baltimore City.

Following the Summit, three workgroups were formed to focus on various aspects of improving access to primary care. The three workgroups focused on:

a. Prevention, Education, and Outreach – a group which engaged community members through surveys and focus groups to identify recommendations to improve prevention, education and outreach efforts – and potential barriers that we may encounter as we move forward in our work.

b. Healthcare Workforce – a group which developed recommendations to address the anticipated shortages in physicians, physician extenders, nurses and other clinicians that we expect to experience as the demand for health care services continues to increase.

c. Service Delivery – a group which developed recommendations for improvements to the health care service delivery system – including the recommendation to complete a Primary Care Access Study.

As a result, in May 2011, John Snow Inc. (JSI) a leading public health research and consulting firm, specializing in the dynamics of safety net systems, was hired to implement a West Baltimore Primary Care Access Assessment & Strategic Planning Project. The project was funded by Kaiser Permanente under the oversight and administration of the Primary Care Access Workgroup, which became the Steering Committee for the project.

The goals of the effort were to: (1) identify the most pressing community health needs of the West Baltimore area, (2) assess the overall strength of the primary care safety net, and (3) develop recommendations regarding the realm of possible actions that should be taken to expand access to and strengthen the area's safety net system.

The underlying premise for this project was to explore the steps that the area's public and private safety net providers, in collaboration with other community stakeholders, should take to ensure that the safety net is fully prepared to take advantage of the opportunities provided by Affordable Care Act (ACA) as it unfolds over the next 2-3 years.

To conduct this assessment and strategic planning project, JSI implemented a three-phased approach organized around a series of Steering Committee and Stakeholder Group Retreats. This approach allowed the JSI project team to gather a broad array of quantitative and qualitative data, vet the information gathered with the Steering Committee and Stakeholder Groups, and explore issues related to community need, safety net strength/capacity, and strategic responses. More specifically, JSI was charged with: 1) compiling existing quantitative

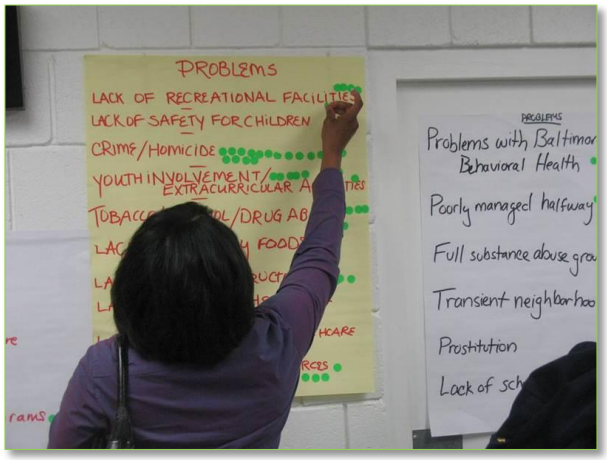
data to determine major community health needs and primary care capacity, 2) conducting key informant or stakeholder interviews, 3) conducting a community survey of residents, 4) facilitating a series of stakeholder retreats to obtain community input and help ensure on-going involvement of the area's leading safety net stakeholders, and 5) developing a series of reports and presentations to summarize and communicate the project's findings and recommendations.

After several months' work the process culminated in a final retreat in February 2012, at which participants identified and prioritized the leading community health issues facing West Baltimore residents (specific recommendations outlined in Section 4).

BSBHS used a variety of data sources for the identification and analysis of community health needs. To see a list of sources, see Appendix B.

Analytical Methods:

Community Engagement Process



We began this process with a series of community meetings where residents and other stakeholders (see above list) took part in a series of four break-out sessions to identify the key issues affecting the communities in key areas: healthy living, behavioral health, environmental health and family health. Those "top issues" identified by the community did not center directly on "traditional" health, but focused on such things as sanitation, public safety, housing, youth programs, community engagement and workforce development. Beyond the "crime and grime" issues identified as top priorities, the community meetings also produced important information about more traditional healthcare needs in West Baltimore.

After the initial meetings, work groups made up of community residents and service providers were formed to further analyze the issues that the community identified as important.

At each community meeting, residents were asked to list what they considered to be the most pressing health problems in Southwest Baltimore in four (4) areas:

- Healthy Living (nutrition/recreation/exercise)
- Behavioral Health
- Environmental Health (rats, trash, lead paint)
- Family Health (primary care/prevention/children's health)

Volunteers compiled the concerns onto one master list. At the end of each meeting, participants were asked to assess the whole master list and vote, using stickers, on their top three (3) priorities. The issues/concerns from each meeting were then compiled and separated into categories such as "Behavioral Health," "Community Resources," "Housing," "Safety," and "Sanitation," to name a few.

A summarization of the health problems identified and their relative priority as per the process above is included in section 4.

From those meetings, we determined several things. Among the findings:

- The health system's existing services and resources are underutilized and sometimes ineffective.
- There was a lack of broad community participation in planning and implementation of programs and services.
- There was a lack of communication between and with community associations, leaders and partners.
- The health system lacked a clear partnership structure between community and institutions, agencies etc.

We knew our community engagement findings were just a piece of the puzzle.
So we reviewed more than a dozen health-related studies that had taken place over the years and catalogued key findings and recommendations. Many of these studies were neighborhood-specific and involved residents and community members of Southwest Baltimore.

After carefully reviewing the studies, we identified points of commonality among the key findings and recommendations, eliminated duplicative suggestions, prioritized, organized them into categories and determined in what ways – if any – Bon Secours Baltimore Health System should play a role.

The community engagement process clearly showed areas where we can grow today, and pinpointed areas of development for tomorrow. And the results were in sync with Bon Secours' vision for how healthy our community can be, and how we can play a more prominent and more intentional role in contributing to the health of our community**.**

We then embarked upon a study of primary care in our communities.

Primary Care Access Assessment

To conduct this assessment and strategic planning project, Bon Secours contracted with John Snow, Inc. (JSI - see above) to implement a three-phased approach organized around a series of Steering Committee and Stakeholder Group Retreats.

In Phase I, the JSI Project Team collected and reviewed data from existing federal, state, and local data sources including data from the US Census Bureau, the Centers for Disease Control and Prevention, The Health Resources and Services Administration, the Maryland Department of Health and Mental Hygiene, the Maryland Health Services Cost Review Commission, the Maryland Medicaid Program, and the Baltimore City Health Department. Phase I interviews of a broad cross section of key health care stakeholders from West Baltimore obtained qualitative information regarding the needs of the community, existing service gaps, and barriers to access. These interviews explored the strengths and weaknesses of the West Baltimore health care "safety net" system and began to collect ideas on how the safety net should respond to address the issues identified. Finally, in Phase I the Project Team collected information to clarify the potential impacts of the Patient Protection and Affordable Care Act (PPACA) on West Baltimore's residents and its safety net. Information was collected from a variety of sources including the Maryland Health Care Reform Coordinating Council, the Maryland Health Services Cost Review Commission, Kaiser Family Foundation, the Commonwealth Fund, and Johns Hopkins Bloomberg School of Public Health. This analysis was also informed by JSI's work in Massachusetts with the Blue Cross Blue Shield Foundation of Massachusetts, which explored the impacts and outcomes of Massachusetts' health reform efforts over the past 5-years. At the end of Phase I, the JSI Project Team convened the project's Steering Committee Meeting to present its initial findings, explore their implications, and begin to frame the strategic process moving forward.

In Phase II, the project team completed its secondary data collection efforts but its main focus was on compiling primary data directly from the target population in West Baltimore through a community survey. More specifically, the Project Team gathered data using a 5-page, 28 question survey that collected information on health care needs and barriers to access as well as consumer attitudes and behaviors regarding how those from West Baltimore preferred to and

actually did access primary care services. The project team collected more than 300 surveys at health fairs, farmers markets, and other community venues over a series of three visits to the area.

At the end of Phase II, the JSI Project Team convened the first of two Stakeholder Retreats to present its integrated findings and begin discussions regarding possible strategic ideas for addressing community need and the underlying access-related issues in West Baltimore.

In Phase III, the Project Team continued to integrate the range of quantitative and qualitative data collected throughout the project, including data provided by the Maryland Medicaid Program. This data was obtained and analyzed with significant support from the Hilltop Institute at the University of Maryland and was instrumental in the project's efforts to characterize and understand the impact of the wide range of providers that are part of the primary care safety net West Baltimore. The bulk of the Project Team's Phase III efforts were to prepare for the final Stakeholder Group Retreat. The Project Team developed a presentation summarizing its finding and in based on these findings compiled a summary compendium of a range of best practice programs that could be applied in West Baltimore to improve health status , expand access, and promote better engagement in care. The goals of the final retreat were to present our final findings, agree on a set of community health priorities, and develop initial buy-in on strategic ideas for addressing the priorities identified by the group, particularly in light of PPACA and pending health care reform.

SECTION III AND IV

PRIORITY NEEDS

As described above we held a series of community meetings where residents and other stakeholders took part in a large group discussion and break-out sessions to identify the key issues affecting their communities. After the initial meetings work groups made up of community residents and service providers were formed to further analyze the issues that the community identified as important. This led to the groups further analysis of findings and recommendations of the previous studies/plans listed above.
We then engaged John Snow, Inc. to conduct a Primary Care Access assessment which included individual interviews, community surveys and larger group retreats.

After compiling and reviewing the key findings and recommendations, we prioritized the results. The prioritization of Community Engagement and Primary Care Assessment needs/recommendations was based upon the following criteria:

- Supported by Data
- Identified by more than one constituency
- Bon Secours ability to respond effectively; including with partners
- Consistency with Baltimore City Health Department and other regional/city-wide goals.

Based on that work, the prioritized description of all community health needs identified through the CHNA are as follows:

COMMUNITY ENGAGEMENT RECOMMENDATIONS:

Healthy People

- **Food and Nutrition**: **Improve residents' access to healthy food and nutrition education and promote urban agriculture by:**
    - Encouraging the development and use of open spaces, community gardens and urban agriculture, and the transformation of vacant lots
    - Encouraging the availability and affordability of healthful food choices in homes, schools, offices, stores, Farmer's Markets and other vendors.
- **Physical and Mental Health**: **Improve the health status of residents, with a particular focus on substance abuse, infant mortality, chronic illnesses and mental health by**:
    - Reaching out to, educating and providing services to at-risk and stigmatized populations
    - Using improved assessment, screening and prevention tools and strategies

- Encouraging physical activity, recreation and other prevention-related tools
- Increasing the programming, facilities and personnel dedicated to the prevention and treatment of alcohol and drug addiction

Healthy Economy:

- **Jobs**: **Create jobs and prepare residents for these jobs**, **by**:
  - Providing job readiness programs and ongoing adult education
  - In addition, participate in the creation of jobs in areas in which we have the most expertise and influence. By creating connections to opportunities in the growing health care field, namely, we can help both our industry and our community.

- **Housing**: **Improve the housing market to retain and attract homeowners through economic, physical and marketing strategies by**:
  - Supporting the creation and preservation of strong, stable blocks
  - Attracting new homeowners through the creation of new and diverse homeownership opportunities
  - Helping existing homeowners maintain and improve their investment.

- **Transportation**: **Support and promote efforts to improve the public transit systems in our communities and make West Baltimore more bicycle and pedestrian-friendly by**:
  - Advocating for more and better forms of public transportation as well as alternative forms of transit.
  - Encouraging our own employees to carpool, bike to work, use public transportation and other modes of transportation, by building a culture that facilitates such a shift and by offering incentives.

- Playing a larger, more visible and more proactive role in promotion of the Red Line.

Healthy Environment:

- **Reduce the risks from hazardous materials, such as pest management by**:
  - Reducing and/or eliminating hazards, pesticides and other toxic chemicals inside our facilities.
- **Reduce energy and water usage in homes and buildings**:
  - With energy-efficient repairs and renovations, and
  - By adopting Baltimore Green Building high efficiency standards.
- **Encourage the use of community open spaces, gardens and urban agriculture, and the transformation of vacant lots with**:
  - Tree-planting
  - Other measures that will increase the number of public green spaces community members can go that are safe and well-maintained.
- **Reduce the risks from hazardous materials in West Baltimore buildings** using such strategies as:
  - Integrated Pest Management
  - Brownfield site-redevelopment or Healthcare without Harm and Maryland Hospitals for a Healthy Environment.
- **Increase energy and water conservation of all West Baltimore residents, businesses, government agencies and others with a public education campaign**.

Primary Care Assessment Recommendations:

- **Develop the West Baltimore Safety Net Coalition** to be made up of senior leaders from the organizations that make up the core of West Baltimore's health care safety net. Once established the Coalition should define the organization's purpose, mission/vision and core values as well as define its initial structure, goals/objectives, and sustainability plan. The Coalition should also develop a communication and advocacy strategy that would allow them to reach out to key stakeholders and target audiences, create an identity, promote credibility, and advocate for issues of common interest.

- **Focus on Primary Care Engagement, Expanding Primary Care Capacity, and Preparing for the Affordable Care Act**
    - **Maximize benefits of the existing primary care safety net**
        - Weekend and evening hours for primary care services
        - Service integration and collaboration (vertically and horizontally)
    - **Expand primary care in targeted ways to encourage incremental growth in response to increased demand.**
        - Federally Qualified Health Center expansion (new access points, expanded medical capacity, mental health, oral health, pharmacy expansion grants, and changes of scope requests)
        - Hospital outpatient primary care capacity expansion
        - Expand the number of private solo or group practices that serve Medicaid-insured residents
        - Explore the development of retail clinics.
    - **Explore the development of proven community-based, collaborative projects that promote patient engagement in acute and preventive care services as well as chronic disease management.**
        - Targeted outreach and education
        - Targeted chronic disease management and primary care engagement programs

- Hospital-based emergency department initiatives that link those who access services through the ED and don't have a primary care medical home with an appropriate medical home
- Work with City Health Department, Health Care for All, and other community partners to ensure that those who are Medicaid eligible are enrolled and assigned to a primary care provider

- **Expand access to case/care management services** to include:
  - assessment and screening;
  - education and health promotion;
  - care coordination and referral management,
  - chronic disease management,
  - patient engagement

Prioritization of Community Engagement and Primary Care Assessment needs/recommendations was based upon the following criteria:

- Supported by Data
- Identified by more than one constituency
- Bon Secours ability to respond effectively; including with partners
- Consistency with Baltimore City Health Department and other regional/city-wide goals.

Key findings of the Community Engagement process can be found in Appendix D.

Key findings of the Primary Care Access study can be found in Appendix E.

SECTION V

DESCRIPTION OF EXISTING HEALTH CARE FACILITIES AND OTHER RESOURCES AVAILABLE WITHIN COMMUNITY SERVED TO MEET IDENTIFIED NEEDS

BSBHS manages 125 acute-care beds, operates a primary and specialty care center, an outpatient renal dialysis center, two substance abuse treatment centers, two outpatient mental

health centers, a partial hospitalization program for psychiatric patients, and a specialized case management program for psychiatric patients in the community. BSBHS also oversees an array of community service programs that are designed to help residents achieve economic self-sufficiency through financial management, affordable housing career development and family and women's services. Our approach to community health services and community development reaches beyond the traditional model of healthcare as patients and communities are cared for holistically.

- **SAFETY NET PROVIDERS**

Despite this wide dispersion and fragmentation, there is a group of 10-15 core safety net providers, dominated by Federally Qualified Health Centers (FQHC) and practices affiliated with the University of Maryland that are the heart of West Baltimore's safety net and accounted for approximately 40% of all claims billed on behalf of West Baltimore residents.
The FQHCs and many of the hospital-based practices that serve the largest portion of West Baltimore residents, on the other hand, typically provide a broad range of enabling and supportive services such as outreach, health education, case management, interpreter services, and transportation. A number of the FQHCs also offer integrated behavioral health, dental, and medical specialty care services.

- **COMMUNITY HOSPITALS AND ACADEMIC MEDICAL CENTERS**

Baltimore has world class hospitals and academic medical centers that provide the full range of emergency, inpatient and outpatient services as well as associated training, academic research, and community-oriented programs. There are 5 hospitals located in the West Baltimore zip codes identified by the assessment. These hospitals are: Maryland General Hospital, Bon Secours Hospital, Sinai Hospital of Baltimore, Saint Agnes Hospital, and Harbor Hospital. In addition to these 5 hospitals, there are 5 other hospitals located in Baltimore that also serve Baltimore residents. These are: Mercy Medical Center, The Johns Hopkins Hospital, Union Memorial Hospital, Good Samaritan Hospital, and Johns Hopkins Bayview Medical Center.

In addition to outpatient medical specialty care services, these hospital and medical center organizations provide primary care services through their staff-owned and affiliated primary care practices.

- **STRONG NETWORK OF SOCIAL SERVICE, FAITH-BASED, AND OTHER COMMUNITY-BASED ORGANIZATIONS**

Key informant interviews reflected on the richness of West Baltimore's social service network and the long history of grassroots involvement in community development activities on behalf of West Baltimore's residents and neighborhoods. Faith-based organizations, community centers, Boys and Girls clubs, and schools are just some of the organizations that are at the core of this network. These organizations are and will continue to be a major asset for the community as safety net providers working to reach out and engage communities in primary care and other needed health care services.

- **ACADEMIC AND WORKFORCE TRAINING RESOURCES.**

There are numerous universities, colleges, and community colleges throughout Baltimore that provide a broad range of academic opportunities including degrees and training in health-related professions. Many of these academic institutions are within the West Baltimore area. These academic programs provide a rich resource for the community in a variety of ways. Foremost are their contributions to educate and train residents of West Baltimore and beyond. They play a critical role in workforce development. They are also an invaluable resource and provide guidance, expertise, and support (financial and in-kind) to community endeavors. A perfect example is the fact that staff from Morgan State and Coppin state participated on the Steering Committee and in key informant interviews and Coppin State donated the meeting space for all of the steering committee and stakeholder meetings. These institutions also provide student interns and volunteers that are a great service to the community. This helps to feed newly trained workers into the local force.

This Community Health Needs Assessment has served to focus the future efforts of Bon Secours Baltimore Health System to address the health needs of the community it serves. These efforts will be based upon priorities identified in the areas of healthy lifestyles, economic empowerment, healthy environment, health care safety net services and access to primary care.

Plans and implementation strategies that expand on existing and new programs and partnerships, as well as identify new programs and partnerships, will be included in a separate Implementation Strategy (IS) as required by the Internal Revenue Service (IRS) based on the federal Patient Protection and Affordable Care Act enacted in March 2010 which directs all 501(c)(3) hospital organizations to conduct a "community health needs assessment and prepare a corresponding

implementation strategy once every three taxable years." The IS includes two components: 1) a description of how the hospital plans to meet each priority community health need identified by this Community Health Needs Assessment; and 2) identification of priority community health needs that the hospital does not intend to meet and why.

APPENDIX

See Appendices A – F:

A. Demographics of Old Southwest Baltimore
B. Data Sources Used for the Identification and Analysis of Community Health Needs
C. Organizations With Which We Collaborated
D. Community Engagement Process Findings and recommendations
E. Primary Care Access Assessment Findings and recommendations
F. Input from Organizations and/or Individuals with Knowledge or Expertise in Public Health

Appendix A

DEMOGRAPHICS OF OLD SOUTHWEST BALTIMORE

Population (population, by sex, race, ethnicity, and average age)	Total population is 17,885 ; 48.6% male,51.4% female; 76% African-American, 18% Caucasian,3.6% Hispanic, 1.2% Asian; 27% 0-17 years of age,11% 18-24, 25% 25-44, 27% 45-64,10% 65 and older. Median age = 33.1
Median Household Income	$28,514
Percentage of households with incomes below the federal poverty guidelines	33.9%
Percentage of uninsured people	17.1% (2010 Baltimore City Health Disparities Report Card)
Percentage of Medicaid recipients	31%
Life Expectancy compared to Baltimore City	CBSA: 64.2 ; Baltimore City: 70.9
Mortality Rates compared to Baltimore City	Rates per 10,000 residents in age group SW Baltimore/Baltimore City): Less than one year: 176.00/127.5 1-14 years old: 5.8/3.3 15-24 years old: 18.5/16.2 35-44 years old: 75.1/39.4 45-64 years old: 228.7/140.6 65-84 years old: 491.1/395.3 85 and older: 1347.6/1447.4
Access to healthy food, transportation and education, housing quality and exposure to environmental factors that negatively affect health status.	Access to Healthy Food: Most of the SW Baltimore falls within a designated "food desert," defined as more than ¼ mile walk from a full-service grocery store where fresh foods are available. There is only one full-service grocery store within SW Baltimore. The problem is so widespread that after a two-year-long community engagement process, BSBHS determined that "access to healthy eating" was a high priority (in the top 5) for residents in SW Baltimore, ranked nearly as

	high as "crime" and "trash." Quality of Housing: 25.2% of properties within SW Baltimore are vacant/abandoned vs. 7.9% for Baltimore City as a whole. 41.33% of renters and 34.86% of homeowners pay more than 30% of their income for housing. Median sales price for homes was $22,500 in 2010 vs. $115,000 for Baltimore City. Transportation: Most residents have access to public transportation with ¼ mile of their homes
Race, ethnicity, and language	76% African American 18% Caucasian 3.6% Hispanic 1.2% Asian 1.21% Other 3.7% not proficient in English (Baltimore City – not available for SW Baltimore.)
Other	Unemployment: Unemployment rate in SW Baltimore is 24.3% vs. 12.6% for Baltimore City. Economic Self Sufficiency: 64.7% of families with children led by two adults and 88.5% of families with children led by one adult have incomes below the self-sufficiency standard for Baltimore City.

Appendix B

DATA SOURCES USED FOR THE IDENTIFICATION AND ANALYSIS OF COMMUNITY HEALTH NEEDS

BSBHS utilized a variety of data sources for the identification and analysis of community health needs including:

- Operation ReachOut Southwest Plan for Our Future (OROSW/2000)
- Operation ReachOut Southwest Strategic Neighborhood Action Plan (Baltimore City Planning Department/2002)
- Baltimore Community Health Report (Morgan-Hopkins Center for Health Disparities Solutions/2005)
- Food Assessment of Southwest Baltimore(Johns Hopkins School of Public Health Center for Health Disparities/2007)
- Southwest Baltimore Health Profile (Johns Hopkins University; Morgan State University Center for Health Disparities/2008)
- Transit Project Health Impact Assessment (Anna Ricklin, Baltimore City Department of Transportation/2008)
- Maryland Access, Quality and Cost for FQHC's (Mid-Atlantic Association of Community Health Centers/2009)
- Baltimore City Sustainability Plan (Baltimore Office of Sustainability/2009)
- Baltimore City Food Policy Task Force (City of Baltimore/2009)
- Epidemiological Data for West Baltimore (John Snow, Inc./2012)
- West Baltimore Hospital Utilization Data (Maryland Health Services Cost Review Commission/2010)
- Community Meeting Prioritized Issues (Community Engagement Meetings/2009,2010)
- Primary Care Utilization by Medicaid Recipients in West Baltimore (Hilltop Institute, 2/2012)
- West Baltimore Neighborhood Health Profiles (Baltimore City Health Department/2009, 2012)
- Baltimore City Health Disparities Report Card (Baltimore City Health Department/2011)
- West Baltimore Primary Care Access Coalition Meetings Prioritized Issues (Coalition Meetings/2011-2012)
- Community Survey Results (John Snow, Inc./2011)

Appendix C

ORGANIZATIONS WITH WHICH WE COLLABORATED:

Organization	Type	Role
Operation ReachOut Southwest	Community Coalition	Convener
Central Baptist Church	Faith	Participant
Greater Church of the Risen Savior	Faith	Participant
Union Square Community Association	Community Group	Convener
Franklin Square Community Assoc.	Community Group	Participant
New Southwest/Mount Clare Assoc.	Community Group	Participant
BCFFH of Shipley Hill	Community Group	Participant
Boyd Booth Concerned Citizens	Community Group	Participant
Carrollton Ridge Community Assoc.	Community Group	Participant
Restivo Square Community Assoc.	Community Group	Participant
Fayette Street Community Assoc.	Community Group	Participant
Vine Fayette Payson Community	Community Group	Participant
Southwest Baltimore Charter School	School	Participant
Melvin's Food Market	Merchant	Participant
Baltimore City Fire Dept.	City Agency	Participant

Organization	Type	Role
West Baltimore T.O.D., Inc.	Community Coalition	Participant
Sisters Academy of Baltimore	School	Participant
Southwest Improvement Association	Community Group	Participant
President of Mill Hill/	Community Group	Participant
St Benedict	Church	Participant
Western Improvement Association	Community Group	Participant
St. Luke's Episcopal Church	Church	Participant
McHenry/ Franklintown/Frederick	Community Group	Participant
Franklin Square Elementary/Middle	School	Participant
West Station Gardens	Community Group	Participant
Goodwill Industries of Chesapeake	Service Provider	Participant
Community Supported Wellness	Service Provider	Participant
Recovery In Community	Service Provider	Participant
Abell Foundation	Foundation	Participant
Associated Black Charities	Foundation	Participant
Baltimore City Community College	Higher Education	Participant
Baltimore City Health Department	City Agency	Participant

Organization	Type	Role
Baltimore City Public Schools	City Agency	Participant
Baltimore Medical Systems, Inc.	Health Service Provider	Participant
Baltimore Substance Abuse System	Intermediary	Participant
Care First	Insurer	Participant
Casey Foundation	Foundation	Participant
Chase Brexton	Health Service Provider	Participant
Coppin State University	Higher Education	Participant
Equity Matters	Community Organization	Participant
Healthcare for the Homeless	Health Service Provider	Participant
Johns Hopkins University	Higher Education	Participant
Kaiser Permanente of the Mid-Atlantic	Insurer	Participant
Light Health and Wellness Comprehensive Services	Health Service Provider	Participant
Maryland Citizens' Health Initiative	Advocacy	Participant
Maryland Health Resources Commission	State Agency	Participant
Maryland Hospital Association	Advocacy	Participant
Maryland Primary Care Association	Advocacy	Participant
Medchi	Advocacy	Participant

Organization	Type	Role
Morgan State University	Higher Education	Participant
Mosaic, Inc	Health Service Provider	Participant
Park Heights Community Health Alliance	Advocacy	Participant
Park West Health System	Health Service Provider	Participant
Peoples Community Health Center	Health Service Provider	Participant
The Harriet and Jeanette Weinberg Foundation	Foundation	Participant
The Maryland Center for Behavioral Health	Health Service Provider	Participant
The Maryland Department of Health and Mental Hygiene	State Agency	Participant
The Mid-Atlantic Association of Community Health Centers (MACHC)	Advocacy	Participant
The Open Society Institute of Baltimore	Foundation	Participant
Total HealthCare	Health Service Provider	Participant
University of Maryland Medical System	Health Service Provider	Participant
Hon. Elijah H. Cummings	Political Representative	Participant
Hon. Verna Rodwell-Jones	Political Representative	Convener
Hon. William “Pete” Welch	Political Representative	Participant

THIRD PARTY CONTRACTORS

Person/Entity	Qualifications
University of Maryland Social Work Community Outreach Service	Community Organizing/Academic Organization
Joyce Smith	Community Activist/Organic Master Gardener/Health & Wellness Expert
John Snow, Inc.	Public Health Research and Consulting Firm
Michelle Gourdine & Associates	Community Health Expert/Practitioner

Appendix D

COMMUNITY ENGAGEMENT PROCESS FINDINGS AND RECOMMENDATIONS

Issues	Priority (High/Low)	Categories
Tobacco/Alcohol/Drug Abuse	13	Behavioral Health
Lack of clinics for health, mental health, and substance abuse	11	Behavioral Health/Community Resources
No Re-Entry Programs for Ex-Offenders/Addicts	10	Behavioral Health/Community Resources
Behavioral Health/Lack of Family Counseling/Family Support	9	Behavioral Health
Methadone Clinics Are NOT Working	5	Behavioral Health/Community Resources
Lack of hope/Desire for help	5	Behavioral Health/Sense of Power
Mental Health Programs Don't Take Your Prescription Plan	4	Behavioral-Gaps
Lack of Collaboration b/w Mental Health Agencies	4	Behavioral Health/Communication
More Hospital Recovery Programs Needed	4	Health Services/Behavioral Health
Ineffective Substance Abuse Programs	3	Behavioral Health-Best Practices
Poorly Managed Halfway Houses	2	Behavioral Health-Best Practices
Not Having Urban Medical Institute	1	Behavioral Health
Lack of mental health education/support groups	1	Behavioral Health/Community Resources
Full Substance Abuse Group Homes	0	Behavioral Health/Community Resources
Slow Response from Fire/Police	4	City Services/Safety
No Response from City Authorities/Problems w/ Baltimore	4	City Services-Health
Lack of Newsletter/Website for Information	21	Community Engagement/Communication
Lack of Community Involvement/Social Opportunities	13	Community Engagement
Lack of Education about Resources and Referrals	10	Community Engagement/Communication
Lack of Transportation	9	Community Resources-Transportation
Cursing on Streets/Disrespectful Neighbors	8	Community Engagement-Norms
Lack of Libraries	8	Community Resources
Not Enough Senior Activities	8	Community Resources-Seniors
Lack of School Involvement/Outreach	7	Community Engagement-Education
Lack of Family Structure	6	Community Resources-Family Supports
Stray Cats and Dogs/Animals	6	Community Resources-Animals
Lack of Communication of Community Leaders	4	Community Engagement/Communication
Lack of Neighbor Relations/Transient Population	3	Community Engagement/Communication
Noise in the Street/Noise Pollution	2	Community Engagement-Norms

Too Much TV, Not Enough Exercise	1	Community Engagement
Terrible City Playgrounds/Poverty of Neighborhoods	0	Community Resources
Lack of Youth Programs(Mentoring/Extracurricular/ "Roots")	28	Community Resources-Youth
Lack of recreation/community centers/exercise facilities	23	Community Resources
Lack of Preschools	6	Community Resources-Preschool
Not enough after-care programs/child care assistance	3	Community Resources-Youth
Lack of Affordable Healthcare/Full/Health Insurance	12	Health Service-Healthcare
Lack of Preventive Care/Primary Health Care/Doctors	12	Health Services
No Prenatal/Teenage Pregnancy Prevention Services	6	Health Service-Gaps for Children
Lack of Health Resources (dental, medical, pharmacy, education)	5	Health Services
No Free Clinics	4	Health Service-Gaps
Lack of Information for Homecare Physicians	3	Health Services-Homecare
Younger Generations Overuse of ER	2	Health Services/Community Resources
Diabetes	1	Health Service-Gaps
Data System for Patient Information Doesn't work at Hospital	1	Health Service-MIS
Vacant houses (Boarded and Unboarded)	39	Housing
Lack of Homeowners/Lack of Home-Buying Resources	11	Housing/Community Engagement
High lead levels/Lead Poisoning/Lack of Lead Enforcement	10	Housing/Community Resources
Absentee Landlords	9	Housing/Community Resources
Not many trees/Community Gardens/Greening/Open Space	7	Healthy Environment
Pollution/Air Pollution (Construction Dirt)/Mold in Basement	5	Healthy Environment
Lack healthy affordable /Nutritious (not enough markets)	9	Nutrition
Lack of Healthy Diet/Nutrition Education	8	Nutrition
Too Much Fast Food	1	Nutrition
Crime/Homicide/Too much crime/Drugs	46	Safety
Speeding	5	Safety
Loitering	5	Safety/Community Resources
Gangs	4	Safety/Community Resources-Youth
Unsafe Places to Walk	3	Safety/Community Resources
Lack of Anonymity for 911 Calls	1	Safety
Lack of Policemen/Too Many Fires	0	Safety/Community Resources
Car Accidents @ Calhoun & Mulberry/Lack of Safety for Kids	0	Safety/Transportation
Rats/Too Many Rats/& Mice	57	Sanitation
Trash Pickup Problems/Lack of 2 Day Trash Pickup	45	Sanitation

Dumping (dirty alleys/corners)/trash out on wrong days	23	Sanitation
Lack of Code Enforcement	10	Sanitation/Housing/City Services
Littering/Lack of Trash Cans	9	Sanitation
Poor Street Cleaning	3	Sanitation
Need Caution Light for Seniors (Smallwood Summit)	9	Safety
Poor Street Lighting (Smallwood Summit)	8	Safety
Poor Telephone Service (Smallwood Summit Entrance)	2	Smallwood Summit Telephones
Lack of Spiritual Influence w/ Seniors	2	Spirituality
High Unemployment/Lack of Jobs/Local Employment	19	Workforce Development
Lack of Job Training/Counseling	4	Workforce Development

Appendix E

PRIMARY CARE ACCESS ASSESSMENT FINDINGS AND RECOMMENDATIONS

Primary Care Access and Infrastructure

Access to Care and Safety Net Capacity

Strengths:

- Strong informal network of safety net providers
- Strong pool of community hospitals and academic medical centers
- Strong network of social service, faith-based, and other community-based organizations.
- Academic and workforce training resources.

Weaknesses:

- Limited primary care capacity within West Baltimore, particularly once AAA is fully implemented
- High utilization of the emergency room
- Limited access to primary care after-hours or on weekend

Barriers to Care

- Administrative and other barriers challenge the eligibility screening, enrollment, and re-enrollment process
- Consumers' cost of care is (fees, co-pays, and deductibles) too high
- Lack of after-hours and weekend care

- Long wait-times for appointments and at primary care sites
- Complexity of lives inhibits access to care at standard times/Challenging to keep appointments due to complexity and stress in daily lives

Care Coordination and Continuity

- Need to ensure that care is more patient-centered
- Need for more "customer friendly" approach
- Need to promote service integration/care coordination
- Care is fragmented due to care seeking behaviors and shopping around for low cost care in segments

Engagement in Care

- A large proportion of West Baltimore residents are not accessing care at all or only when they are in dire need of services
- Need for community residents to prioritize their health and develop continuous relationships with providers
- Need for expanded education and wellness activities to address current lack of engagement and wellness
- Current chronic disease management and self-management programs need to be expanded to meet demand

Health Disparities in Health Status and Outcomes

- Health outcomes have improved for overall but significant disparities remain between different racial and socio-economic groups.
- According to the 2010 Baltimore Health Disparities Report Card, Baltimore City fares worse than the rest of the state of Maryland on almost every major health indicator, including heart disease, infant mortality, and asthma.
- Disparities are driven largely by differences in residents' access to resources and opportunities as well as the full range of social determinants that promote and enhance health and well-being.

Medical Conditions and Primary Care Specialties

Chronic Disease
Strengths:

- Collaborative initiatives among West Baltimore FQHCs
- The Baltimore Health Disparities Initiative
- Significant work in Baltimore to document and address the issue of food deserts
- Home visiting services to help families improve asthma management
- Cancer screening provided by Baltimore City Health Department
- Minority Outreach and Technical Assistance (MOTA)

Weaknesses:

- Lack of access to nutritious food sources
- High rates of inpatient hospitalization for diabetes, pediatric asthma, and cancer in West Baltimore zip codes
- Lack of access to medications for chronic conditions
- Lack of access to safe and affordable opportunities to exercise
- Lack of education and awareness about healthy lifestyles
- Low cancer screening rates for prostate and colon cancer

Mental Health
Strengths:

- Coordinated system of providers
- Increasing availability of integrated services

Weaknesses:

- Inadequate capacity for current needs
- Typically mental health screening in primary care is limited to depression
- Separate funding streams make it difficult to provide mental health in the primary care setting

Substance Abuse
Strengths:

- Baltimore Substance Abuse Systems, Inc. (BSAS)
- Buprenorphine Prescription Training for Physicians
- Open Society Institute
- The Baltimore City Department of Social Services (BCDSS) Care Coordination and Supported Employment Project

Weaknesses:

- Unmet need
- Lack of adequate funding
- Access very limited

Dental

Strengths:

- Dental safety net providers
- Special programs to provide outreach

Weaknesses:

- Baltimore residents have poor dental access compared to the state overall
- Access barriers due to cost

Maternal and Child Health

Strengths:

- The Maternal and Child Health Improvement Program (MIHIP)
- The Baltimore City Health Department Maternal and Infant Care Program
- Baltimore Healthy Start

Weaknesses:

- Large disparities in infant mortality rate
- Poor health indicators

Infectious Disease

Strengths:

- Baltimore has its own HIV/AIDS Strategy, HIV Health Services Planning Council
- Health education services provided to schools and community groups upon request
- Strong support and linkages to care
- Men's health specific sites
- Mobile testing options
- Baltimore Needle Exchange Program

Weaknesses:

- Large disparities in HIV/AIDS mortality rate between blacks and whites, men and women
- Extremely high STI prevalence in adolescent males

Primary Care Assessment Recommendations:

1) Develop the West Baltimore Safety Net Coalition to be made up of senior leaders from the organizations that make up the core of West Baltimore's health care safety net. Once established the Coalition should define the organization's purpose, mission/vision and core values as well as define its initial structure, goals/objectives, and sustainability plan. The Coalition should also develop a communication and advocacy strategy that would allow them to reach out to key stakeholders and target audiences, create an identity, promote credibility, and advocate for issues of common interest.

2) Focus on Primary Care Engagement, Expanding Primary Care Capacity, and Preparing for the Affordable Care Act

a) Maximize benefits of the existing primary care safety net

i) Weekend and evening hours for primary care services

ii) Service integration and collaboration (vertically and horizontally)

b) Expand primary care in targeted ways to encourage incremental growth in response to increased demand.

i) Federally Qualified Health Center expansion (new access points, expanded medical capacity, mental health, oral health, pharmacy expansion grants, and changes of scope requests)

ii) Hospital outpatient primary care capacity expansion

iii) Expand the number of private solo or group practices that serve Medicaid-insured residents

iv) Explore the development of retail clinics.

c) Explore the development of proven community-based, collaborative projects that promote patient engagement in acute and preventive care services as well as chronic disease management.

i) Targeted outreach and education

ii) Targeted chronic disease management and primary care engagement programs

iii) Hospital-based emergency department initiatives that link those who access services through the ED and don't have a primary care medical home with an appropriate medical home

iv) Work with City Health Department, Health Care for All, and other community partners to ensure that those who are Medicaid eligible are enrolled and assigned to a primary care provider

d) Expand access to case/care management services to include:

i) Assessment and screening;
ii) Education and health promotion;
iii) Care coordination and referral management,
iv) Chronic disease management,
v) Patient engagement

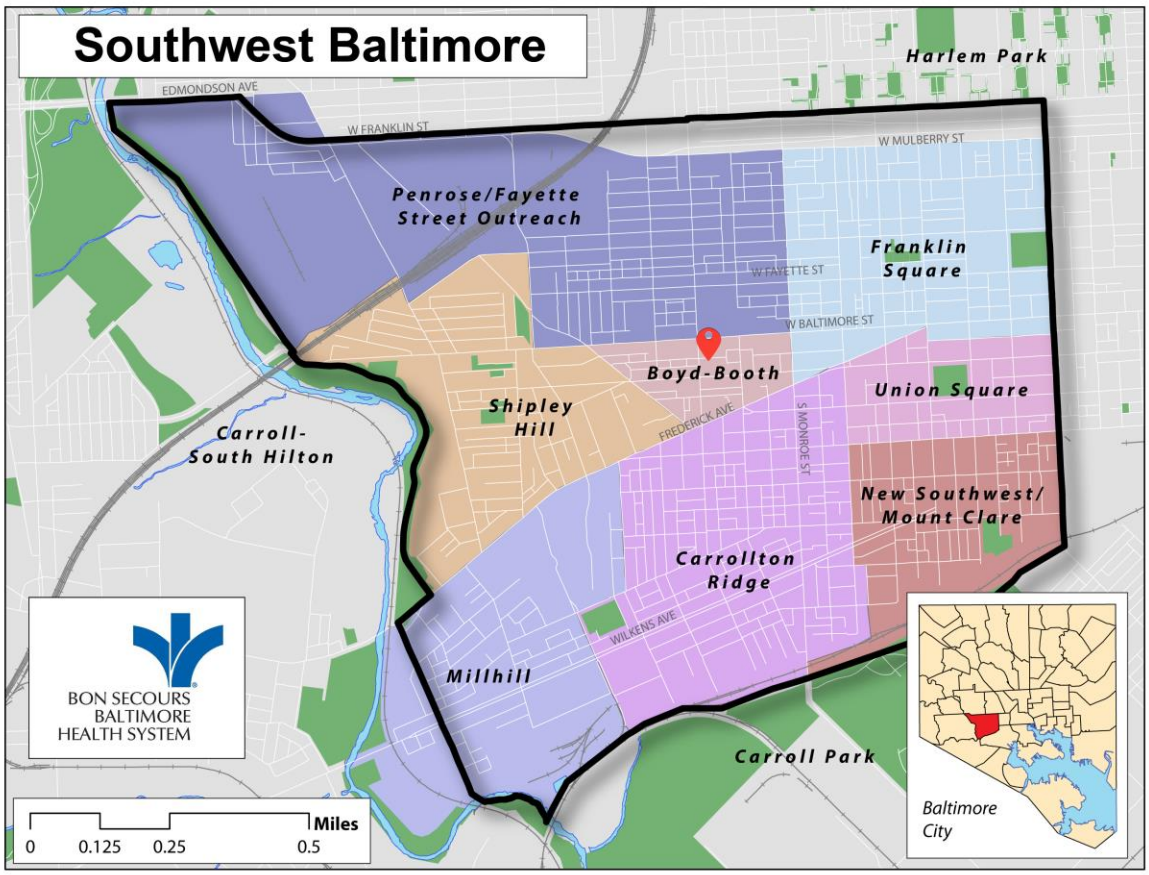
Appendix F

INPUT FROM ORGANIZATIONS AND/OR INDIVIDUALS WITH KNOWLEDGE OR EXPERTISE IN PUBLIC HEALTH

Name	Expertise	Organization
Dr. Anne Bailowitz	Public Health	Baltimore City Health Department
Ms. Diane Bell McKoy	Philanthropy/Program Development	Associated Black Charities
Dr. Alan Bennett	Primary Care	Park West Medical Systems Inc.

Name	Expertise	Organization
Joyce Smith	Community Health	Operation ReachOut Southwest
Dr. Robert Blum	Public Health	Johns Hopkins School of Public Health
Dr. Yvonne Bronner	Public Health	Morgan State University
Mr. Lawrence Brown	Community Health and Policy	Morgan State University
Brother Art Caliman	Health Care Administration	Bon Secours Health System, Inc.
Mr. Dennis Cherot	Primary Care	Total Healthcare
Ms. Carmella Coyle	Health Care Advocacy	Maryland Hospital Association
Dr. Michael Gibbons	Public Health	Johns Hopkins Urban Health Institute
Dr. Brian Gibbs	Diversity/Public Health	Johns Hopkins School of Medicine
Dr. Michelle Gourdine	Public Health	Michelle Gourdine and Associates, LLC
Dr. Usha Jain	Pathology Department	Bon Secours Hospital
Mr. George Kleb	Community Organizing/Housing	Bon Secours Health System
Ms. Amy Kliene	Program Development	The Harry and Jeanette Weinberg Foundation, Inc.
Dr. Ravi Krishnan	Oncology Department	Local Physician
Ms. Faye Larkins	Ambulatory Care	Bon Secours Hospital
Dr. Douglas Mayo	Emergency Medicine	Bon Secours Hospital – Emergency Department
Mr. Miguel McInnis	Community Health	The Mid-Atlantic Association of Community Health Centers
Delegate Keiffer Mitchell, Jr.	State Leadership	Maryland House of Delegates

Name	Expertise	Organization
Ms. Dwyan Monroe	Community Health	Baltimore CHAT
Dr. Allan Noonan	Public Health	Morgan State University
Dr. Samuel Ross	Hospital administration/Community	Bon Secours Hospital
Ms. Suzanne Schlattman	Community Outreach	Maryland Citizens' Health Initiative
Secretary Joshua Sharfstein	Public Health	Department of Health and Mental Hygiene
Mr. John Spearman	Hospital administration	University of Maryland Medical System
Ms. Shirley Sutton	Hospital administration	St. Agnes Hospital
Ms. Elizabeth Vaidya	Primary care/Public Health	Department of Health and Mental Hygiene


Southwest Baltimore
Harlem Park
EDMONDSON AVE
W FRANKLIN ST
W MULBERRY ST
Penrose/Fayette Street Outreach
Franklin Square
W FAYETTE ST
W BALTIMORE ST
Boyd-Booth
Union Square
Shipley Hill
FREDERICK AVE
S MONROE ST
Carroll-South Hilton
New Southwest/ Mount Clare
Carrollton Ridge
WILKENS AVE
Millhill
Carroll Park
BON SECOURS BALTIMORE HEALTH SYSTEM
Miles
0
0.125
0.25
0.5
Baltimore City