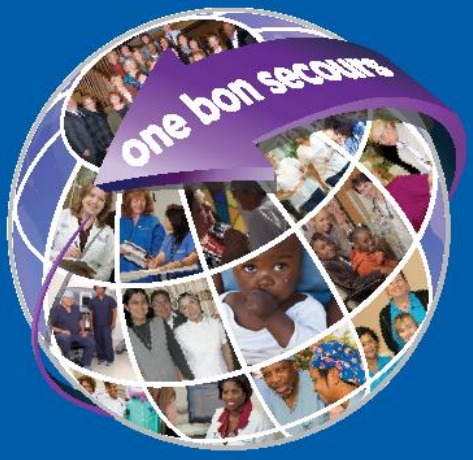
Community Health Needs Assessment

Bon Secours Baltimore Health System



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Executive Summary

Bon Secours Baltimore Health System (Bon Secours) is a 72-bed facility licensed in the state of Maryland providing acute, primary and specialty care services to residents in various communities in and near West Baltimore. Bon Secours includes a community-based primary care site, behavioral medicine program with multiple substance abuse treatment sites, HIV/AIDS counseling and treatment, renal dialysis services, and preventive health and education programs. Bon Secours is a member of the Bon Secours Health System, Inc. whose mission is to bring compassion to health care and to be Good Help to Those in Need®, especially those who are poor and dying. The Patient Protection and Affordable Care Act [§ 9007, 26 U.S.C. 501(c) (2010], requires non-profit hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every 3 years to be considered a non-profit by the Internal Revenue Service (IRS). A CHNA defines the community a hospital serves, surveys the health of their community, and listens to their community members' opinions in order to decide what the greatest needs of their community are and what resources are available. An implementation strategy then describes how the hospital plans to address the greatest needs in their community. This Executive Summary provides an overview of the CHNA initiative and the findings.

Our Approach and Methodology: Bon Secours used a team approach to complete the CHNA to ensure that the CHNA was conducted in a way that best identifies West Baltimore's health needs and meets the IRS CHNA requirements for not-for-profit hospitals. In fiscal year 2016, Bon Secours launched a community health engagement process in partnership with West Baltimore community representatives and with assistance from Williams Consulting LLC, a strategic health care consulting firm, to complete the CHNA process. The goal of the project was to engage the community around the hospital in a process that culminates in an agreed-upon vision of for an improved healthcare system, which will lead to a healthier community; will be financially sustainable; and with a plan to achieve our vision. Williams Consulting provided strategic and technical assistance, developed and implemented the data collection approach, collected and analyzed primary and secondary data, facilitated meetings and drafted the CHNA Report. Bon Secours established a Community Advisory Board with representation from community leaders, community anchor institutions, faith-based organizations, and the Mayor's office to serve in an advisory capacity for the CHNA initiative and assist with prioritizing identified community health needs and CHNA Implementation Plan development. As part of the CHNA methodology, Bon Secours collected and analyzed both primary and secondary data for Bon Secours' service area of seven zip codes (**21223, 21216, 21217, 21229, 21230, 21201 and 21215**) via community input and review of secondary data sources.

Findings from Secondary Data Analysis: Key findings from the secondary data analysis are summarized below.

Based on the demographic data reviewed, Bon Secours' CBSA is similar to Baltimore City and Maryland in regards to age and gender, but is different in terms of race/ethnicity and income. Bon Secours' CBSA has a lower household income and a larger proportion of African Americans than Baltimore City and Maryland. The CBSA also experiences a higher rate of public insurance than Maryland.

- *Larger percentages of African Americans* - Bon Secours' CBSA race/ethnicity is starkly different than Maryland's, and more comparable to Baltimore City's race/ethnicity, with some key exceptions. 69.5% of the CBSA is African American, which is greater than Baltimore City and Maryland's (62.5% and 29%, respectively).

- *Lower Household Incomes* - 55.1% of CBSA household incomes are below $50,000, whereas 50.3% of Baltimore City and 26.3% of Maryland household incomes are below $50,000.

- Higher rate of Public Insurance – 37.9% of Bon Secours' CBSA have public insurance compared to 27.6 for the state of Maryland.

West Baltimore health outcomes and health factors were less favorable to those of Baltimore City and the State of Maryland in most instances.

- The CBSA has worse health outcomes compared to Baltimore City and Maryland in both length of life and quality of life. Significant findings are that CBSA residents are more likely to report feeling that their health is poor or fair compared to Baltimore City and Maryland, and CBSA residents report more bad mental health days than physical health days.

- Bon Secours' CBSA ranks worse in all health behavior indicators compared to Maryland. Additionally, the CBSA ranks worse in all health behavior indicators compared to Baltimore City, except Baltimore City reports in engaging in binge drinking at a slightly higher rate.

Community and Stakeholder Involvement: The CHNA team used a multi-pronged approach to solicit input from the West Baltimore community regarding their health needs. Data collection methodologies included surveys, stakeholder interviews, focus groups, and community conversations. We engaged with representatives of our community with a knowledge of public health (e.g., Maryland Department of Health and Mental Hygiene and the Baltimore City Health Department), the broad interests of the communities we serve, individuals with special knowledge of the medically underserved, as well as low-income and vulnerable populations and people with chronic diseases. We met with seniors, youth, re-entry residents, hospital patients, faith-based stakeholders, community leaders, health care providers, neighborhood associations,

representatives from community-based organizations and other key community stakeholders with an intimate knowledge of the West Baltimore community and their health needs. Four hundred and twenty-five (425) surveys were collected (296 within the defined service area), and nine (9) stakeholder interviews, six (6) focus groups and one (1) community discussion were conducted between November 2015 through June 2016. The survey, interviews, focus groups and community discussion focused on community health needs, community assets and resources available to respond to the community health needs, barriers and challenges to accessing the community assets and resources, and ways in which Bon Secours could help address the health needs.

West Baltimore Priority Health Needs: The Community Advisory Board reviewed output from the CHNA community engagement process and prioritized the identified community health needs using the following criteria: 1) Supported by Data; 2) Identified by more than one constituency; 3) Bon Secours' ability to respond effectively, including with partners; and, 4) Consistency with Baltimore City Health Department and other regional/city-wide goals. The Community Advisory Board recommended the following priority health needs and proposed actions to Bon Secours' leadership for inclusion in the CHNA Implementation Plan:

1) **Crime and Related Trauma**
    a. Expand trauma informed care
    b. Establish a relationship with each police district within Bon Secours' service area
    c. Collaborate with Baltimore Police Department on mental health issues
    d. Strengthen partnerships/develop network of care
    e. Address advocacy and policy for opioids
    f. Reinstitute the Crime and Grime Committee
    g. Collaborate on Western District station renovation

2) **Hospital Quality and Public relations**
    a. Share quality data, patient safety
    b. Conduct a PR campaign – Highlight what Bon Secours does well, Bon Secours niche
    c. Strengthen publications – social media and print

3) **Coordination of Services across Bon Secours Baltimore Health System**
    a. Participate in more citywide health initiatives
    b. Develop a platform that leverages 21st century technology
    c. Coordinate with relevant city-wide initiatives, e.g., Food Policy Commission
    d. Provide 501(c)(3) training to community based organizations so that they can further assist Bon Secours

4) **Health Education (e.g., Nutrition Awareness, Cooking, Parenting)**
    a. Use ACA guidelines

b. Partner with Baltimore City Health Department and other service providers, school systems, grocery stores and Kaiser
c. Incorporate fitness and other preventative services
d. Enhance and expand Congregational Care program with area churches

5) Behavioral Health/Substance Abuse

a. Outreach – Walking streets, pass out flyers newsletter quality
b. Education – In Touch list, Problems all community groups, quarterly newsletter, information of our behavioral health programs
c. Building Trust – Central Baptist Gift of Love Center Lunch Program (2nd and 4th Saturday of each month) – There is a captive audience there.
d. Behavioral health on site in community works
e. Children behavioral health needs to be addressed as well

6) Access to Primary Care Physicians

a. Maryland Healthcare Access Partnership
b. Develop Primary Care Education Program
c. Develop Pediatrics Primary Care– and woman's health
d. Dental care for adults
e. Developing Educational and Awareness program about benefits of having your own physician instead of using the Emergency Department

7) Advocacy, Policy and Public Agency Dialogue

a. Bon Secours at table and communicating w/ community on: Smoking laws, Liquor Stores – there are more liquor stores in this area than anywhere else. BS make it public that this needs to go out!, Housing/ Homelessness, Re-Entry, Child Advocacy, Food Access, Dirt Bikes/ Injury, Overdose prevention and Opioid Crisis

8) Children's Health

a. Pediatric Primary Care
b. Dental Care
c. Partnership with the University of Maryland for all the services that Bon Secours does not currently provide
d. Partner with the city to address infant mortality

9) Access to Healthy Food

a. Grocery Stores
b. Farmers Markets - More outreach, more visibility, bring it outside to the people
c. Educate the youth in food, meal preparation, and nutrition

10) Employment

a. Workforce/Skills training for in demand industries
b. Community Works has a CHNA and GNA training program

c. Need training for Microsoft applications
d. Provide Stipend for these training programs
e. Help in finding jobs after skills training
f. Continue re-entry program
g. Access to allied health and art & culture industries

11) Expanding Housing

a. We need to provide training on how to be a responsible homeowner and a good neighbor
b. More home ownership programs
c. Community Works should become a housing counseling agency

12) Community Unity

a. Build trust and communicate better
b. Create spaces for the community to interact
c. Cookouts and activities to build relationship
d. Accountability and transparency - sharing with the community and be more visible
e. Create initiatives of having groups work together as coalitions
f. Community Works and Bon Secours need to go out into the streets

We would appreciate any feedback or comments regarding the contents of this Report. Please submit all input or questions regarding this Report to **Talib_Horne@bshsi.org**.

1 Purpose of the CHNA Report

A community health needs assessment (CHNA) provides the foundation for improving and promoting the health of a community. Through the assessment process, Bon Secours Baltimore Health System ("Bon Secours") identifies and describes the health status of the community that it serves; factors in the community that contribute to health challenges; and, existing community assets and resources that can be mobilized to improve the health status of the community. The community health needs assessment, therefore, ensures that Bon Secours and partner resources are directed toward activities and interventions that address critical and timely community health needs. This Report documents the results of Bon Secours' CHNA for fiscal year 2016. This Report will inform Bon Secours' CHNA Implementation Strategy that will describe how Bon Secours plans to address identified health needs.

1.1 Federal CHNA Requirement

The Patient Protection and Affordable Care Act [§ 9007, 26 U.S.C. 501(c) (2010], (commonly referred to as "Obamacare") requires non-profit hospitals to conduct a community health needs assessment (CHNA) and adopt an implementation strategy (i.e., community health improvement plan (CHIP)) every 3 years to be considered a non-profit by the Internal Revenue Service (IRS). A CHNA defines the community a hospital serves, surveys the health of their community, and listens to their community members' opinions in order to decide what the greatest needs of their community are and what resources are available. An implementation strategy then describes how the hospital plans to address the greatest needs in their community.

The IRS describes a CHNA as:

> "The collection of information required for hospital organizations to receive the benefits of being described in section 501(c)(3) of the Internal Revenue Code (Code) and flows from section 501(r)(3), which requires a hospital organization to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years… The Affordable Care Act also added section 4959, which imposes a $50,000 excise tax on a hospital organization that fails to meet the CHNA requirements for any taxable year."

A CHNA will only meet the requirements of the law if it:

(i) Defines the community it serves.
(ii) Assesses the health needs of that community.
(iii) Reviews input from their community and local public health officials.
(iv) Documents the CHNA in a written report (CHNA Report) that is adopted for the hospital by an authorized body of the hospital facility.
(v) Makes the CHNA report widely available to the public.

1.2 Comments on FY2013 CHNA Report and Implementation Plan

Bon Secours prepared a CHNA and corresponding Implementation Plan in 2013. Both documents were made available to the public and posted online. Bon Secours did not receive any written comments or feedback on the FY2013 CHNA report and Implementation Plan.

1.3 Status of Past CHNA/Implementation Plan

Bon Secours completed a CHNA Report and Implementation Plan in FY 2013 to identify and address the priority health needs of the community. The status of the Implementation is summarized below.

Bon Secours' FY 2013 CHNA prioritized three health areas: ***Healthy People***, ***Healthy Economy***, and ***Healthy Environment***. Cumulatively, Bon Secours reached 81,932 people and invested $20,190,230 in Healthy People, Health Economy, and Health Environment programs in FY '15 as part of their past CHNA and Implementation Plan.

Healthy People refers to physical and mental health of individuals and the community. Bon Secours implemented over 20 programs within the Healthy People topic area. In FY '15 Bon Secours programs cumulatively reached 78,361 people and allotted $15,529,031 on Healthy People programs. In FY '15 Bon Secours and Community Works programs cumulatively reached 78,361 people and allotted $15,529,031 on Healthy People programs. Programs, highlights, and costs are summarized in Figure 1.

Figure 1 - Healthy People Programs, Highlights and Costs

Program	Highlights	Total Cost of Initiative
The Women's Resource Center	• 32 clients secured a new EarnBenefit. • 83 clients developed an individualized My Journey Life skills plan.	$391,846
Behavioral Health Programs (Assertive Community Treatment, Specialized Case Management, Psychiatric Rehabilitation Program, Partial Hospitalization Program, A.D.A.P.T., New Hope Treatment Center, New Passage Treatment Center, New Phases)	• 26,696 combined clients reached.	$11,069,558
Health Enterprise Zone	• 108,750 unduplicated patient visits. • 254 fitness classes held (about 11 free fitness classes per week) with an average of 258 participants per month. • 60 scholarships awarded to West Baltimore residents who are pursuing degrees/certificates in health careers.	$ 1,352,994
Parenting Programs (Early Head Start, Teen Parent Program, Home Visiting Program)	• 15 babies were born full term with 13 babies born of a healthy birth weight. • 12 teen parents graduated from the teen parent program. • 5 teen parents participated in the summer Youth Employment Entrepreneurship Program (YEEP).	$1,820,440
Screening Brief Intervention Referral	• 96% of Emergency Department patients screened by	$219,906

Program	Highlights	Total Cost of Initiative
to Treatment (SBIRT)	Emergency Department Nurse • 33% of patients screened were positive for drug and alcohol use • 30% with positive screen received a Brief Intervention • 14% referred to treatment from Brief Intervention • 54% confirmed attendance at treatment	
Rapid HIV Testing	• Over 2,700 clients received counseling on safe sex and IV drug use. • 100% of patients who tested positive were referred to both care and partner services.	$ 178,083
Parish Nursing Ministry	• Reduced re-admission rate for Congestive Heart Failure patients. • Decrease in number of emergency visits and compliance with keeping scheduled physician visits • Improvement in patient trust and communication	$166,734
Affordable Care Act (ACA) Education and Enrollment	• 2,000 people and organizations reached through E-blast. • 1,492 individuals provided with in-person education and enrollment information. • 32 individuals enrolled into a health insurance plan.	$ 27,956
Project Engage	• 199 youths have actively engaged in Project Engage to this day, resulting in almost 100% goal met. • 20 youths have actively engaged in participating in mental health and wellness services.	$176,337
The Patient-centered Involvement in Evaluating the Effectiveness of Treatments (PATIENTS) Program	• 174 individuals signed up for more information about program activities and opportunities to partake in research. • Educated researchers on how to engage communities and individuals in the research process	$125,177

Healthy Economy refers to the financial status of individuals and the community, and emphasizes the impact that income has on health. Programs to improve individual financial status focused on financial literacy and job readiness. In FY '15 Bon Secours reached 1,494 people and spent $890,853 on Healthy Economy programs. Programs, highlights, and costs are summarized in Figure 2.

Figure 2 - Healthy Economy Programs, Highlights and Costs

Program	Highlights	Total Cost of Initiative
Financial Services Program (Eviction Prevention Program, Tax Preparation Program, Benefit Screenings Program)	• 396 of 406 clients screened were eligible for public benefits. • 237 clients received cash assistance to help prevent imminent evictions. • $1,015,331 cumulative in tax refunds processed through tax preparation programs.	$350,584
Career Development Program (Clean and Green, Tyro Re-entry Program, Community Job Huh)	• 294 clients used the computer job hub • 18 clients graduated from the job readiness program. • 12 clients graduated from the Tyro program.	$540,269

Healthy Environment refers to how the physical and built environment affects health. Bon Secours continued to focus on creating new and safe housing. Through the Community Housing program, the hospital is renovating old properties to rent at an affordable price to qualified families, and rehabilitating dilapidated neighborhoods. Bon Secours currently maintains 648 housing units, with a plan to expand to 1,200 units within 7 years. In FY '15 Bon Secours reached 2,077 people and invested $3,770,346 on Healthy Environment programs. Programs, highlights, and costs are summarized in Figure 3.

Figure 3 - Healthy Environment Programs, Highlights and Costs

Program	Highlights	Total Cost of Initiative
Community Housing	• 649 families housed • 115 clients attended homeownership workshops • 15 clients closed on home purchases • Construction on 80 unit family apartment building began	$3,770,346

2 Overview of Bon Secours Baltimore Health System

2.1 Our Mission and History

The Mission of the Bon Secours Baltimore Health System (Bon Secours) is to help people and communities to health and wholeness by providing compassionate, quality health care and being good help to all in need in West Baltimore, with special concern for the poor and dying.

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 wellbeing of people in the area. In fulfilling its mission, Bon Secours also generates critical economic impact in the surrounding community and across Baltimore City.

Our team cares for West Baltimore residents through three nonprofit subsidiaries comprising the Bon Secours Baltimore Health System, each with a separate Board of Directors responsible for fiscal and operational oversight.

- **Bon Secours Baltimore Hospital** focuses on acute, primary and specialty care. It includes a 72-bed acute care hospital, a community-based primary care site, behavioral medicine program with multiple substance abuse treatment sites, HIV/AIDS counseling and treatment, renal dialysis services, and preventive health and education programs.

- **Bon Secours Baltimore Health System Foundation** was established in 2012 as the fundraising arm for all Bon Secours Baltimore Health system entities, managing public and private grants, individual and corporate gifts, special events, and marketing. It serves as the fiscal agent for many grants.

- **Bon Secours Community Works** was launched in 1991 to provide programs that address the social determinants of health impacting West Baltimore residents. Although a client may come in requesting help with one issue, one of our strengths is our wide array of wraparound services: job readiness training, assistance with job placement and occupational training enrollment, tutoring in reading and math, GED preparation, financial education and counseling with help to enroll in public benefits, eviction prevention assistance, family strengthening programming including Early Head Start child development and parenting classes, a women's day shelter, and other services. Unity Properties is the housing and community development subsidiary, providing safe and affordable housing to low-income families, seniors and people with disabilities. Together, their supportive programs integrate with Bon Secours' health care services to make positive changes in individuals' physical and mental health.

At the heart of the Mission of Bon Secours are our eight core values: Respect, Justice, Integrity, Stewardship, Innovation, Compassion, Quality and Growth. It is through the values of Respect and Justice that we strive to provide adequate housing. It is because of the values of Integrity and Stewardship that we seek to use the resources available in the most effective manner. Compassion and Quality compel us to treat all patients in a caring way. And Innovation and Growth drives our desire to continue to serve the community for many years into the future.

2.2 Key Services

Today, Bon Secours Hospital includes:

- 860 Employees
- 158 Active Physicians
- 72 Available Licensed Beds
- 8 Intensive Care Beds
- 4,336 Admissions
- 765 Surgical Visits (inpatient)
- 1,210 Outpatient Surgical Visits
- 25,964 Emergency Dept. Visits
- 357,500 Outpatient Visits

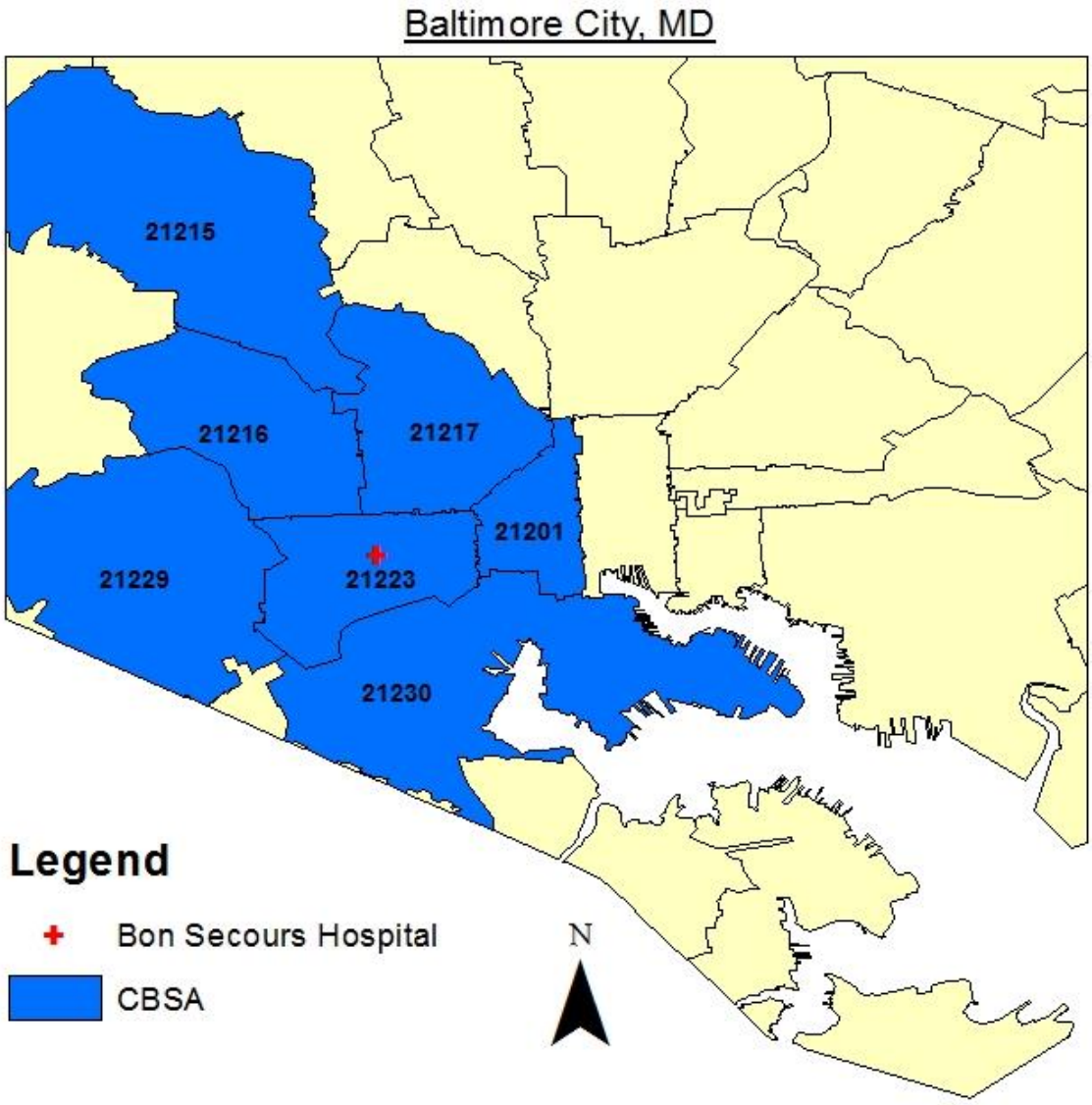
Our approach to community health reaches beyond the traditional model of health care. Patients and communities are cared for holistically with traditional acute-care services along with an array of ambulatory and community services such as:

- 24 hour Emergency Department
- Critical Care Services
- Oncology
- Renal (Acute & Outpatient)
- Cardiology
- Infectious Disease
- Nuclear Medicine
- Surgical
- Diagnostic
- Specialized & Outpatient Service
- Pastoral Care
- Correctional Health Ministry
- Behavioral Health & Substance Abuse
- Inpatient & Outpatient Services
- Individual & Group Therapy
- Specialized Case Management
- Partial Hospitalization Programs for Adults & Children

2.3 The Communities We Serve

Bon Secours' Community Benefit Service Area (CBSA) includes the following zip codes: 21223, 21216, 21217, 21229, 21230, 21201, and 21215. A map of the communities Bon Secours serves is included in Figure 4.

Figure 4 - Bon Secours Primary Service Area



How Our Services Area Was Defined

The Bon Secours' service area was defined using:
a) The Health Services Cost Review Commission (HSCRC) Community Benefit Reporting requirements definition of "primary service area", e.g., the Maryland postal Zip code areas from which the first 60 percent of a hospital's patient discharges originate during the most recent 12 month period available, where the discharges from each ZIP code are ordered from the largest to the smallest number of discharges"; and,
b) The CBSA, reflecting the community or communities Bon Secours serves.

Zip codes 20794 and 21746 were excluded from the defined service area, as the zip codes fall outside of the West Baltimore community served by Bon Secours. Bon Secours provides health services to Maryland Correctional Institute inmates from Jessup (20794) and Hagerstown (21746). Although both these zip codes reside outside the Hospital's service area, the health needs of this population were considered as part of the Community Health Needs Assessment as a high proportion of this population returns to the Bon Secours ' primary service area upon release.

CBSA Demographics

Bon Secours' CBSA includes 40.5% of Baltimore City's population. Bon Secours' CBSA is similar to Baltimore City and Maryland in regards to age and gender, but is different in terms of race/ethnicity and income. Bon Secours' CBSA has a lower household income and a larger proportion of African Americans than Baltimore City and Maryland. The CBSA also experiences a higher rate of public insurance than Maryland. Within Bon Secours' CBSA seven zip codes there is wide variation. Zip codes 21217 and 21223 have a population that is younger than the other CBSA zip codes, while 21215 and 21216 have a population that is older than the other CBSA zip codes. There is also wide variation in race/ethnicity and insurance coverage within the CBSA. Overall, the CBSA is a majority African American, low income, and in most zip codes publicly insured.

Population

40.5% of Baltimore City's residents are within Bon Secours' CBSA. Zip codes 21215, 21229, and 21217 comprise the largest segments of the CBSA, and represent 59.6% of the residents in the CBSA. Refer to Figure 5.

Figure 5 - Population

	Maryland	Baltimore	CBSA	21201	21215	21216	21217	21223	21229	21230
Total population	5,887,776	622,271	252,153	16,188	63,763	25,599	40,614	24,879	46,669	34,441
Percent of City			40.5%	2.6%	10.2%	4.1%	6.5%	4.0%	7.5%	5.5%
Percent of CBSA				6.4%	25.3%	10.2%	16.1%	9.9%	18.5%	13.7%

American Community Survey 2010-2014 Estimates

Age

On average, Bon Secours' CBSA is comparable to Baltimore and Maryland by age across all age sub-groups, but the CBSA average does not capture the wide variation between zip codes.

- 10.9% of people living in 21201 are under 14, the lowest in the CBSA.
- 40.1% of 21201 residents are between 15-30, which is over a 20% difference to Baltimore City and Maryland.
- 21215 and 21216 have a 65+ population that is greater than the average for Baltimore and Maryland.

- 21223, 21219 and 21217 have a 0-18 population that is greater than the average for Baltimore and Maryland.

Refer to Figures 6 - 8.

Figure 6 - Age

	Maryland	Baltimore	CBSA	21201	21215	21216	21217	21223	21229	21230
Age										
Under 14:	18.9%	18.0%	18.9%	10.9%	19.6%	15.5%	21.8%	22.9%	20.6%	15.4%
15-30:	20.5%	24.7%	23.7%	40.1%	18.7%	23.8%	24.3%	22.9%	21.6%	28.3%
30-45:	19.9%	20.1%	18.8%	21.0%	17.2%	14.8%	17.4%	18.8%	18.4%	26.0%
45-60:	21.9%	19.8%	20.2%	15.2%	21.1%	23.6%	20.4%	20.3%	21.4%	16.7%
60-75:	13.1%	12.0%	12.2%	8.9%	15.0%	14.7%	11.3%	10.7%	11.9%	9.2%
75 and Over:	5.6%	5.4%	6.1%	3.9%	8.4%	7.5%	4.9%	4.4%	6.1%	4.4%

American Community Survey 2010-2014 Estimates,

Figure 7 – Population Below 18

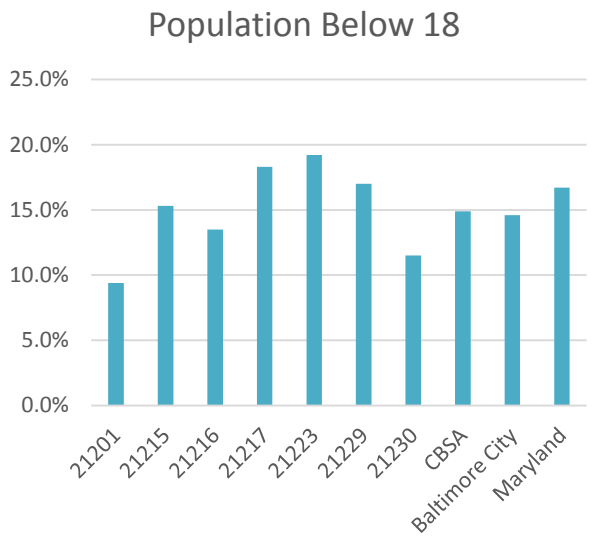
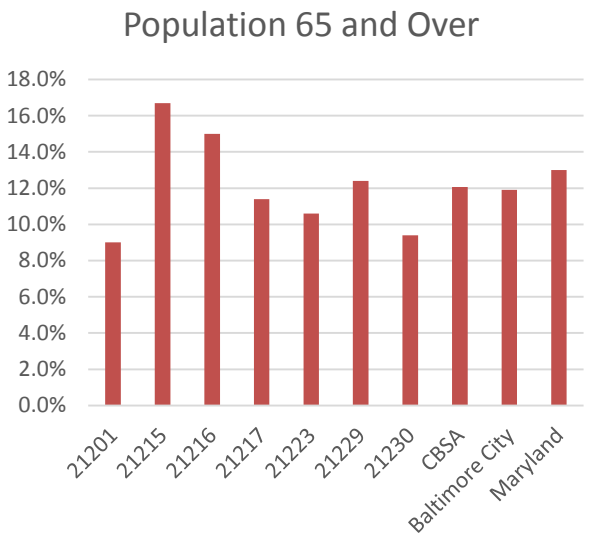


Figure 8 – Population 65 and Over



Race/Ethnicity

Bon Secours' CBSA race/ethnicity is starkly different than Maryland's, and more comparable to Baltimore City's race/ethnicity, with some key exceptions.

- 69.5% of the CBSA is African American, which is greater than Baltimore City and Maryland's (62.5% and 29%, respectively).
- The White population in Bon Secours' CBSA differs by 5.5% to Baltimore City and 32% to Maryland.
- 5.5% of the CBSA is not African American or White, whereas it is 7.3% and 14.8% in Baltimore City and Maryland, respectively.

Refer to Figure 9.

Figure 9 – Race/Ethnicity by Maryland, Baltimore City and CBSA

	Maryland	Baltimore	CBSA
Race/Ethnicity			
% Non-Hispanic African American	29.0%	62.5%	69.5%
% American Indian and Alaskan Native	0.2%	0.3%	0.3%
% Asian	5.8%	2.5%	2.3%
% Native Hawaiian/ Pacific Islander	0.0%	0.0%	0.0%
% Hispanic	8.8%	4.5%	2.9%
% Non-Hispanic White	53.6%	28.1%	22.6%

ACS 2010-2014 Estimates. CBSA is average of zip code percent's.

There are subtle and vast differences between Bon Secours' CBSA zip codes in regards to race and ethnicity.

- 96.2% of people living in 21216 are African American, the highest in the CBSA.
- 5 of 7 zip codes have an African American population above 70%.
- 21230 is the only zip code where African Americans do not represent the majority of the population.
- 21201 and 21230 are the most racially and ethnically diverse zip codes in the CBSA, with over 9% of both populations not being White or African American.

Refer to Figure 10.

Figure 10 – Race/Ethnicity By CBSA and CBSA Zip Codes

	21201	21215	21216	21217	21223	21229	21230	CBSA
Race/Ethnicity								
% Non-Hispanic African American	49.7%	79.5%	96.2%	86.5%	72.6%	75.5%	26.4%	69.5%
% American Indian and Alaskan Native	0.2%	0.4%	0.1%	0.2%	0.9%	0.1%	0.1%	0.3%
% Asian	6.8%	0.7%	0.2%	1.5%	1.3%	2.6%	3.0%	2.3%
% Native Hawaiian/ Pacific Islander	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% Hispanic	3.1%	2.1%	1.2%	1.1%	4.4%	2.4%	6.3%	2.9%
% Non-Hispanic White	37.3%	15.0%	1.3%	8.7%	17.4%	16.5%	61.7%	22.6%

ACS 2010-2014 Estimates. CBSA is average of zip code percent's.

Sex

CBSA population by sex across all age groups is similar to Baltimore City and Maryland since all age proportions are within 2% of one another. Across all geographical groups, there is a general trend that male and female population proportions are similar for individuals under 14, but females start to express a larger proportion of the population starting 15-30 and in all other age groups. 40.1 % of 21201's population is 15-30, and reports a 5.9% difference between sexes in this sub-group, the largest difference observed in any geographical age sub-group. Refer to Figure 11.

Figure 11 – Percentage of Male and Females by Maryland, Baltimore City, CBSA and CBSA Zip Codes

	Maryland	Baltimore	CBSA	21201	21215	21216	21217	21223	21229	21230
Under 14:										
Male	9.7%	9.1%	9.4%	5.9%	9.6%	8.3%	10.2%	11.1%	10.4%	8.2%
Female	9.3%	8.9%	9.5%	5.0%	10.0%	7.2%	11.6%	11.8%	10.2%	7.2%
15-30:										
Male	10.4%	11.8%	11.2%	17.1%	8.7%	11.1%	10.5%	11.2%	11.1%	13.8%
Female	10.1%	12.9%	12.6%	23.0%	10.0%	12.8%	13.7%	11.7%	10.4%	14.5%
30-45:										
Male	9.7%	9.7%	9.0%	10.3%	7.6%	6.2%	8.3%	9.4%	8.6%	14.1%
Female	10.2%	10.4%	9.8%	10.7%	9.6%	8.6%	9.1%	9.3%	9.8%	11.9%
45-60:										
Male	10.5%	9.4%	9.7%	6.7%	10.4%	11.4%	9.6%	9.9%	9.9%	8.1%
Female	11.4%	10.4%	10.6%	8.5%	10.7%	12.2%	10.8%	10.3%	11.6%	8.6%
60-75:										
Male	6.1%	5.2%	5.3%	3.0%	6.2%	6.1%	5.6%	4.4%	5.1%	4.5%
Female	7.0%	6.8%	6.9%	5.9%	8.8%	8.6%	5.8%	6.3%	6.8%	4.7%
75 and Over:										
Male	2.2%	1.9%	2.0%	0.9%	2.7%	3.1%	1.6%	1.5%	2.2%	1.2%
Female	3.5%	3.5%	4.0%	3.1%	5.7%	4.5%	3.2%	2.9%	3.9%	3.2%

ACS 2010-2014 Estimates.

Income

Bon Secours' CBSA households incomes are much lower that the state of Maryland and Baltimore City.

- 29.9% Bon Secours' CBSA households have an income under $25,000.
- 55.1% of CBSA household incomes are below $50,000, whereas 50.3% of Baltimore City and 26.3% of Maryland household incomes are below $50,000.
- 57.3% of Maryland household incomes are $75,000 or over, while 27.6% of Bon Secours CBSA households have an income of $75,000 or over.

Refer to Figure 12.

Figure 12 – Percentage of Households by Income Level by Maryland, Baltimore City, CBSA and CBSA Zip Codes

	Maryland	Baltimore	CBSA	21201	21215	21216	21217	21223	21229	21230
Household Income										
Under $25,000	10.9%	26.2%	29.9%	40.8%	27.7%	30.2%	37.6%	43.8%	22.6%	19.5%
$25,000 to $49,999	15.4%	24.1%	25.2%	22.3%	28.5%	28.0%	25.3%	23.5%	27.3%	16.2%
$50,000 to $74,999	16.4%	18.1%	17.4%	13.0%	16.0%	17.3%	17.2%	18.2%	21.1%	16.5%
$75,000 to $99,999	14.0%	11.6%	10.4%	9.0%	11.4%	11.0%	7.2%	6.6%	13.1%	11.6%
$100,000 and over	43.3%	20.1%	17.2%	14.9%	16.4%	13.5%	12.6%	7.9%	15.8%	36.2%

ACS 2010-2014 Estimates.

Insurance

The CBSA has a higher percent of individuals that have public insurance compared to Maryland. All CBSA zip codes have more than 30% of their population enrolled in public insurance. The CBSA has a higher proportion of uninsured persons compared to Baltimore and Maryland. Four of 7 zip codes within the CBSA have 50% or more of their population enrolled in public insurance. Refer to Figure 13 below for Insurance data.

Figure 13 – Percentage of Individuals by Health Coverage by Maryland, Baltimore City, CBSA and CBSA Zip Codes

	Maryland	Baltimore	CBSA	21201	21215	21216	21217	21223	21229	21230
Health Coverage:										
Public	27.6%	42.9%	37.9%	39.2%	51.2%	52.8%	57.4%	62.7%	41.9%	31.2%
Medicare	14.0%	15.5%	12.8%	12.8%	21.5%	19.7%	19.2%	16.0%	14.8%	11.8%
Medicaid	15.2%	31.2%	28.6%	30.9%	35.2%	38.7%	44.1%	53.6%	29.5%	20.8%
Uninsured	9.9%	11.6%	9.3%	8.6%	13.2%	11.1%	11.2%	15.3%	11.8%	10.1%

ACS 2010-2014 Estimates.

3 CHNA Approach and Methodology

3.1 Our Partners

Bon Secours used a team approach to complete the CHNA to ensure that the CHNA was conducted in a way that best identifies West Baltimore's health needs and meets the IRS CHNA requirements for not-for-profit hospitals. In fiscal year 2016, Bon Secours launched a community health engagement process in partnership with West Baltimore community representatives and with assistance from Williams Consulting LLC, a strategic health care consulting firm, to complete the CHNA process. The goal of the project was to engage the community around the hospital in a process that culminates in an agreed-upon vision of for an improved healthcare system, which will lead to a healthier community; will be financially sustainable; and with a plan to achieve our vision. Bon Secours provided overall leadership for the project. Williams Consulting provided community outreach and technical assistance, and project management support. Refer to Appendix 1 for the list of Bon Secours and Williams Consulting LLC participants. The Community Advisory Board, which had representation from community leaders, community anchor institutions, faith-based organizations, and The Mayors Office served in an advisory capacity and supported the prioritization of identified health needs and CHNA Implementation Plan development. Refer to Appendix 2 for the list of Community Advisory Board membership. The CHNA responsibilities of each of the partners are summarized in Figure 14 below.

Figure 14 – Bon Secours CHNA Partners and Team

Partner	Bon Secours	Community Advisory Board	Williams Consulting, LLC
Role	• Leadership	• Advisory/Community Input	• Community Outreach and Technical Assistance • Project Management
Responsibilities	• Provided available sources of secondary data, hospital inpatient and outpatient data, and survey data • Identified community hospital and community leaders to interview and focus group participants • Analyzed all secondary data sources	• Engaged community partners • Reviewed data results • Prioritized health needs • Guided implementation plan development	• Conducted interviews and focus groups • Facilitated community discussions • Analyzed all primary and secondary data sources • Facilitated Community Advisory Board Meetings • Prepared the written CHNA Report based on all available data

3.2 Our Approach

As part of our CHNA methodology to identify community health needs, we collected and analyzed both qualitative and quantitative data via community input and review of secondary data sources.

Community Input

The CHNA team used a multi-pronged approach to solicit input from the West Baltimore community regarding their health needs. Data collection methodologies included surveys, stakeholder interviews, focus groups, and community conversations.

We tailored our methodology based on the intended target audience and our information needs. In Figure 15 below, we show the data collection method used across the CHNA requirements/target community individuals and groups.

Figure 15 - CHNA Requirement Coverage by Data Collection Methodology

CHNA Requirement	Data Collection Methodology
(1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health with knowledge, information, or expertise relevant to the health needs of that community;	• Stakeholder Interviews
(2) Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations;	• Survey • Focus Groups • Community Conversations
(3) Input received from a broad range of persons located in or serving its community including but not limited to health care consumers and consumer advocates, nonprofit and community-based organizations, academic experts, local government officials, local school districts, health care providers, and community health centers, health insurance and managed care organizations, private businesses and labor and workforce representatives.	• Survey • Stakeholder Interviews • Community Conversations

Survey

A web-based survey instrument was used to collect information from West Baltimore residents regarding their health needs. The survey consisted of twenty-seven questions (both open and closed ended) covering the following categories: My Community, Community Support and Services, Health Literacy, Community Safety, Community Priorities, Technology and Health and Demographics. Hardcopies of the survey were handed out at Community Forums and e-mailed to other Bon Secours entities and partners (e.g., Community Works, substance abuse clinic, family care clinic, senior buildings, work force development, woman's resource center, financial services, IT Works and family support center). Staff at these locations administered the survey or

collected surveys completed independently by residents. In order to ensure adequate coverage of all zip codes within the defined service area, the Bon Secours CHNA team partnered with community-based organizations in underrepresented zip codes to administer surveys on-site.

A total of 425 surveys were collected between November 2015 and March 2016. Two hundred and ninety-seven (297) of the surveys were from the defined service area. There were some challenges with the CHNA survey instrument that impacted Bon Secours ability to conduct a more thorough and rigorous assessment. The web-based survey did not preclude individuals living in communities outside of Bon Secours' defined service area from completing the survey. Also, the survey instrument was developed for use across multiple hospital systems under the Bon Secours Health System umbrella. As such, the survey instrument did not address the unique culture, language and health literacy of the community resulting in incomplete surveys. The length of the survey also contributed to incomplete surveys. Additionally, many community residents do not have access to the Internet, which prevented them from completing the survey online.

Stakeholder Interviews

Qualitative in-depth interviews were conducted with key stakeholders to include city and state health department representatives, community leaders, and health care providers. The stakeholders were selected because they had special knowledge of or expertise in public health or represented the broad interest of the community served by Bon Secours, including the interests of medically underserved, low-income and minority populations with chronic disease needs. A standard list of community-health related questions was used. Refer to Appendix 3 for the List of Interview Questions used. Interviews required approximately 30 minutes to complete. The stakeholder interviews were conducted in March 2016 through June 2016. The list of stakeholders interviewed is detailed in Appendix 4.

Focus Groups

Targeted focus groups were conducted to ensure that input was received from key groups within the community. The focus groups allowed community members to provide their thoughts on community health needs, community assets and resources available to respond to the community health needs and barriers to accessing the community assets and resources. All focus group participants were encouraged to share their ideas, opinions and experiences, including any positive or negative feedback. Refer to Appendix 5 for the Focus Group Agenda. The Focus Groups were conducted in April 2016 through June 2016. Refer to Figure 16 for additional details on the Focus groups conducted.

Figure 16 - Focus Group Sessions

Focus Group	Dates Conducted	Number of Participants
Seniors	4/25/16 and 4/28/16	34
Youth	4/14/16	18
Ex-Offenders	6/16/16	7
Hospital Patients	6/24/16	7
Faith-Based	6/16/16	19

Community Conversation

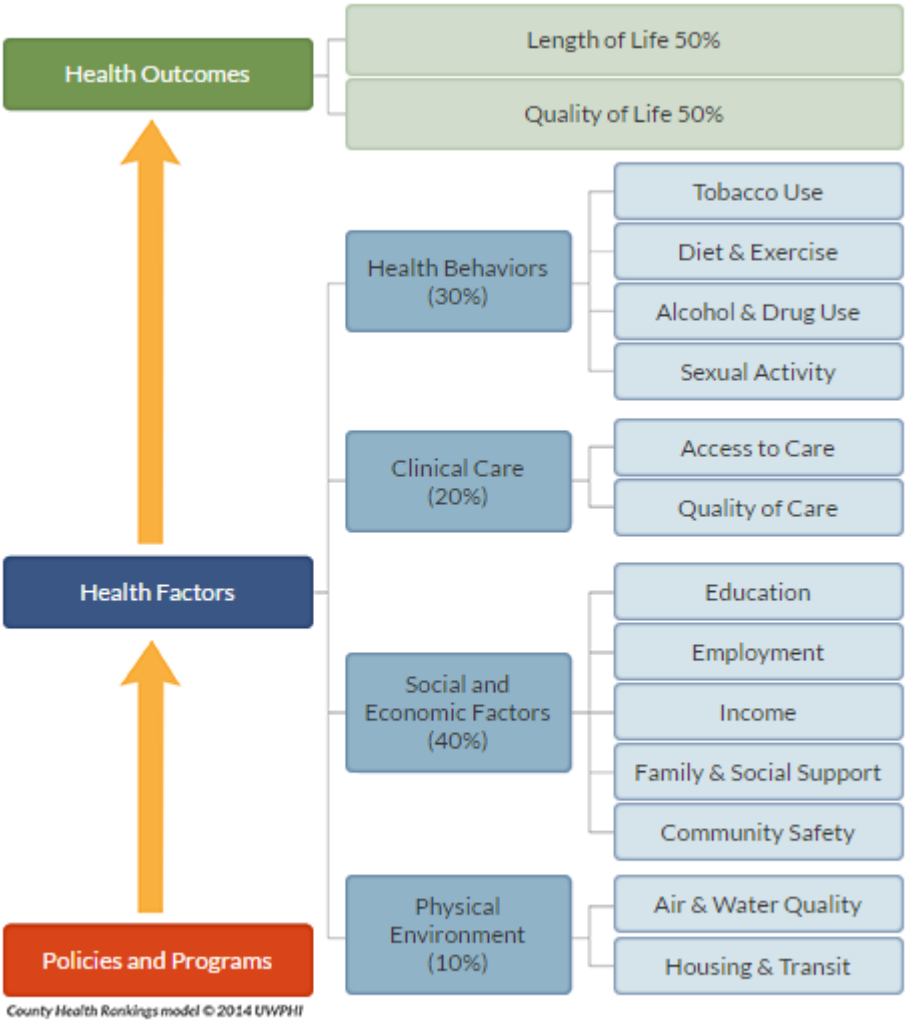
The Community Conversation was used to reach a broad range of persons living in the community. The Community Conversation was conducted on April 26, 2016 as part of the Fayette Street Outreach and Boyd Booth's community meeting at the Central Baptist Church. There were ten participants, who shared information on the types of health problems that exist in the community, challenges and barriers to community residents getting the help that they need, and how Bon Secours can help.

Secondary Data Analysis

Model

The secondary-data section of the CHNA provides population-level information to describe residents' health status. To guide the CHNA secondary data collection and analysis Bon Secours adopted Robert Wood Johnson's County Health Rankings (CHR) theoretical model of health and community report card. Bon Secours decided on this model because of the emphasis on a systems-based approach to the social determinants of health, which CHR's model captures (Figure 17).

Figure 17 – CHR Model of Health Community Report Card



The CHR model divides health into two sections: Health Outcomes and Health Factors. Health outcomes are measured as a function of length of life and quality of life. The incorporation of quality of life is important because it reflects the way people experience health while living. The quality of everyday health and length of life is combined to define the health status of a community. Health factors are comprised of 4 domains that hold different weights. The largest takeaway from the health factors section is that 80% of what contributes to health happens outside a hospital setting. The CHR model emphasizes how people in the community live and experience daily life is what determines their health status.

On the left side of the model, “health outcomes” is shown as being influenced by “health factors,” and “health factors are influenced by programs and policies.

Data

State, City, and zip code level data were gathered from publically available datasets, using the most recently available year(s).

Some indicators were substituted when data was inaccessible. Indicators missing are: Premature death, access to exercise, food environment index, alcohol-impaired driving deaths, diabetic monitoring, some college, social associations, drinking water violations, and long commute to work alone. Additional indicators were added to supplement the missing indicators and include: Life expectancy, bachelor's degree, motor vehicle deaths, drug overdose deaths, properties that are vacant, and no vehicle.

Some CBSA indicators are marked "unavailable" when the data source does not provide zip code level data. Other CBSA indicators, due to governmental statistical standards, are marked "suppressed" because of concerns to representativeness of the data.

Population, demographic, socioeconomic, and physical environment indicators were gathered from the most recent US Census 2010-2014 estimates, and the 2014 American Community Survey (ACS). CBSA estimates were made using zip code level data, with the raw numbers. In some instances zip code proportions (percent) were added or averaged to find the CBSA's proportion. This is noted under the table or figure.

Life expectancy CBSA data was gathered from Baltimore Neighborhood Indicators Alliance-Jacob Francis Institute's (BNIA) *Vital Signs 14* published in 2016, which provides neighborhood level data from 2014. BNIA used the Maryland Vital Statistics Administration at the Department of Hygiene and Mental Health; the US Census Bureau; the Mayor's Office of Information Technology (MOIT); The Johns Hopkins Center for a Livable Future; Baltimore City Public Schools; and the Maryland Department of the Environment as sources of information.

Health behavior and health outcome indicators were gathered from Maryland State's 2014 Behavioral Risk Factor Surveillance System (BRFSS). Due to CDC standards, individual zip code level information is suppressed, so the CBSA zip codes were combined and data from 2011-2014 were used to find statistically sound information, unless otherwise noted.

Air Quality metrics for particulate matter was gathered from EPA's Air Quality data. The CBSA and state level data is the average from 2014-2016, and state level data is the average from 2013, as this was the most recent data available. Air quality information comes from EPA air quality sites. There are 26 sites in the state of Maryland, which were combined to find the average. The city level average is from all air quality centers within Baltimore City. CBSA air quality data used the average for one air quality site, the Oldtown Fire Station in zip code 21202.

Violent crime data comes from the FBI's Uniform Crime Data. This information is only given at the state and city level.

4 Community Health Status

Appendix 6 summarizes the Health Outcomes and Health Factors for the CBSA compared to Maryland and Baltimore City. We have provided detailed analysis below.

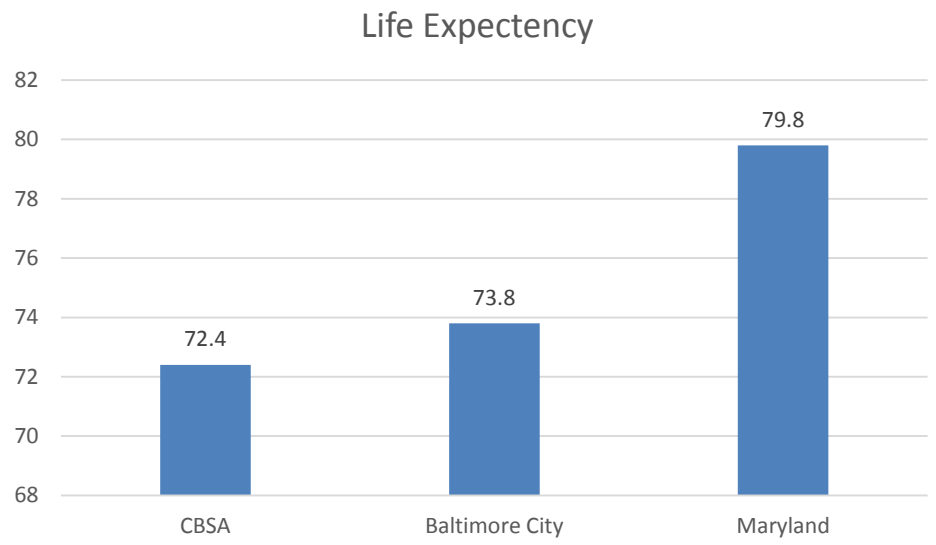
4.1 Health Outcomes

The CBSA has worse health outcomes compared to Baltimore City and Maryland in both length of life and quality of life. Significant findings are that CBSA residents are more likely to report feeling that their health is poor or fair compared to Baltimore City and Maryland, and CBSA residents report more bad mental health days than physical health days.

Length of Life

Life expectancy at birth is defined as the average number of years a newborn child could expect to live. Compared to Baltimore City and Maryland, CBSA residents have a lower life expectancy. Refer to Figure 18.

Figure 18 – Life Expectancy by CBSA, Baltimore City and Maryland



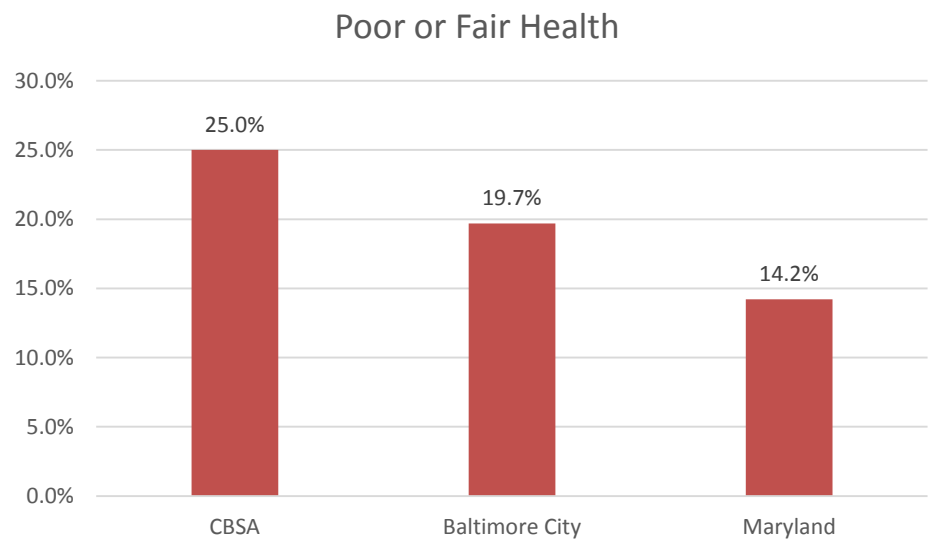
Source: Baltimore City and Maryland- 2014 Maryland Vital Statistics Administration. CBSA- BNIA Vital Signs 14

Quality of Life

The Maryland BRFSS includes questions that ask respondents to self-report how they view their health. Three indicators about qualities about everyday health are examined in this analysis: **Poor or fair health days, poor physical health days, and poor mental health days.**

When asked, “How is your health in general?” Bon Secours CBSA respondents reported a considerably higher proportion of days with poor or fair health than Baltimore City and Maryland respondents. Refer to Figure 19.

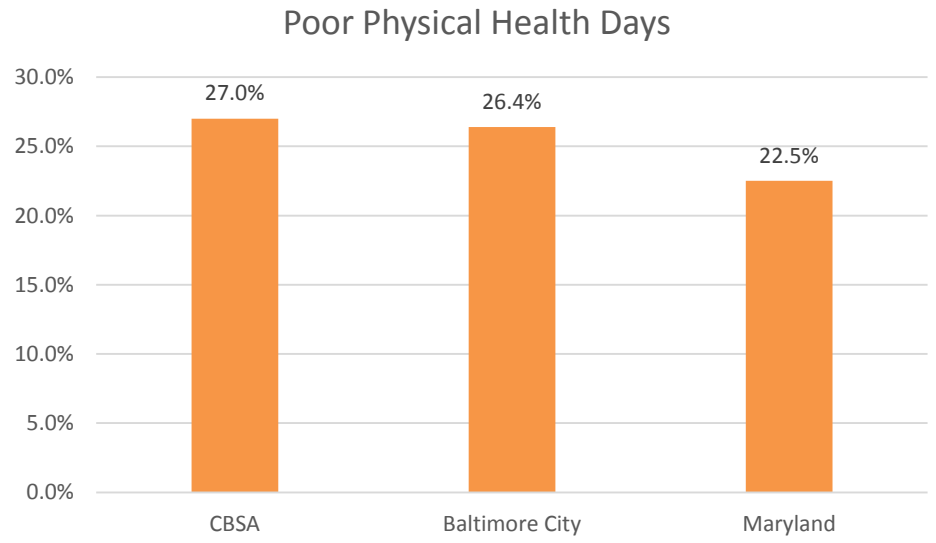
Figure 19 – Percentage of Respondents Experiencing Days with Poor or Fair Health by CBSA, Baltimore City and Maryland



Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

CBSA respondents reported experiencing 3 or more poor physical health days in the past month at a higher proportion than Baltimore City and Maryland respondents. Refer to Figure 20.

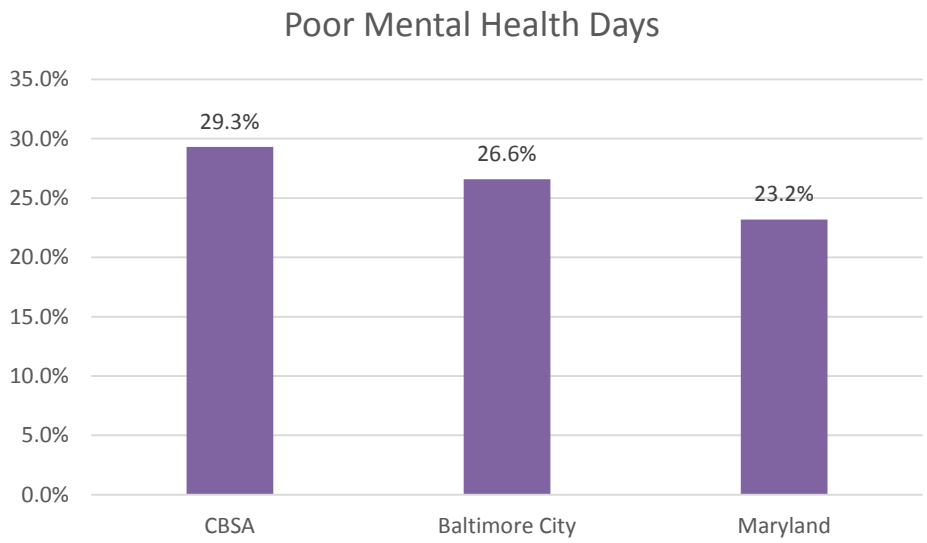
Figure 20 – Percentage of Respondents Experiencing 3 or More Poor Physical Health Days in the Past Month by CBSA, Baltimore City and Maryland



Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

CBSA respondents reported experiencing 3 or more poor mental health days in the past month at a higher proportion than Baltimore City and Maryland respondents. Additionally, a slightly higher proportion of CBSA respondents report experiencing poor mental health days than poor physical health days. Refer to Figure 21.

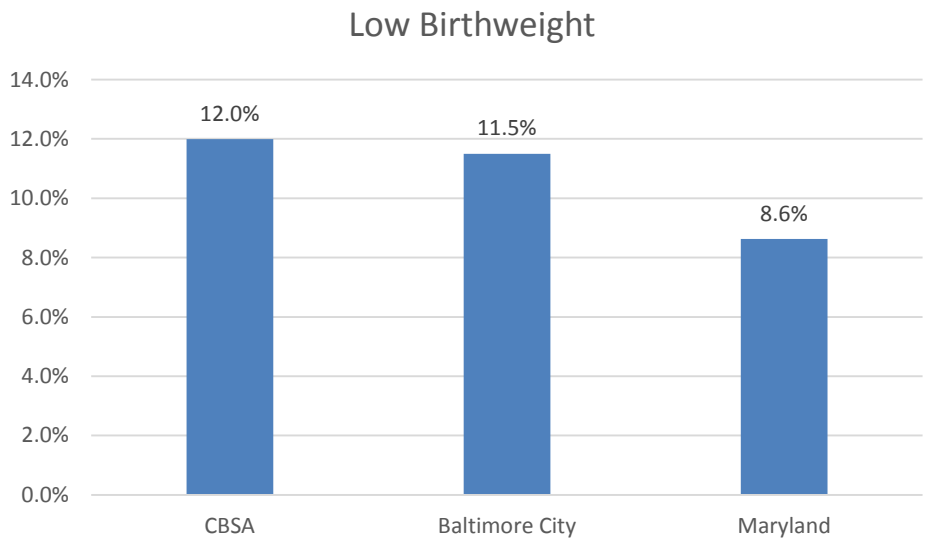
Figure 21 – Percentage of Respondents Experiencing 3 or More Poor Mental Health Days in the Past Month by CBSA, Baltimore City and Maryland



Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

Low birth weight rate is defined as the proportion of live births where the infant weighed less than 5lbs., 8oz. by the number of total live births. It serves as a predictor of child mortality and morbidity over the life course[1]. Data reflects the 2014 rate. Refer to Figure 22.

Figure 22 – Low Birth weight by CBSA, Baltimore City and Maryland



Source: 2014 Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

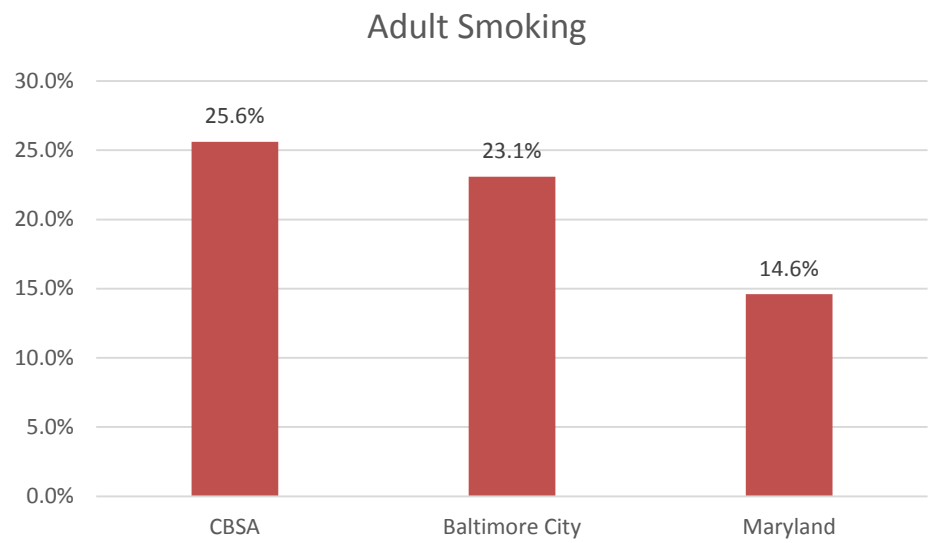
4.2 Health Factors

Health Behaviors

Bon Secours CBSA ranks worse in all health behavior indicators compared to Maryland. Additionally, the CBSA ranks worse in all health behavior indicators compared to Baltimore City, except Baltimore City reports in engaging in binge drinking at a slightly higher rate.

Adult smoking is the percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. CBSA respondents report a higher rate of being a current smoker than Baltimore City and a significantly higher rate than Maryland respondents. Refer to Figure 23.

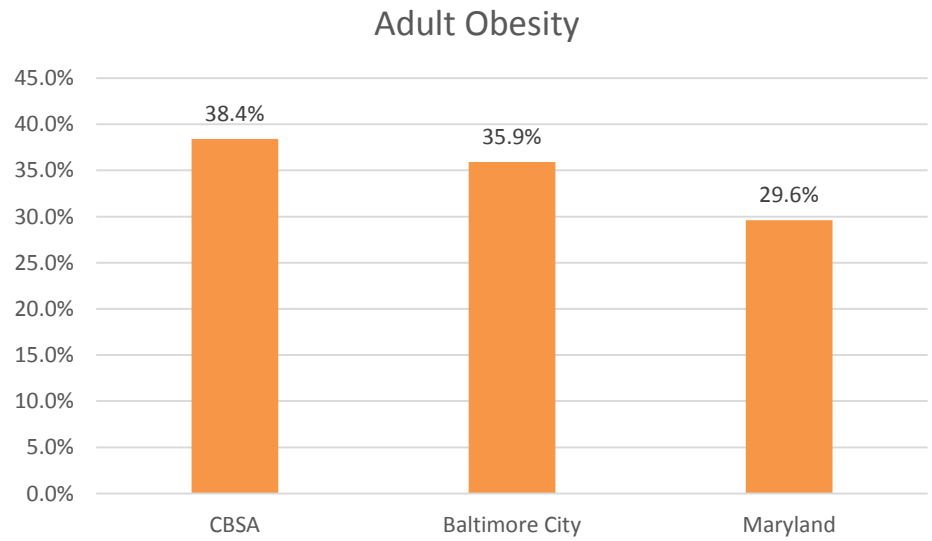
Figure 23 – Percentage of Adult Population Smoking by CBSA, Baltimore City and Maryland



Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

Adult Obesity is the percentage of the adult population that reports a body mass index (BMI) greater than or equal to 30 kg/m ^{2}. CBSA respondents are more likely to report being obese compared to Baltimore City and Maryland respondents. Refer to Figure 24.

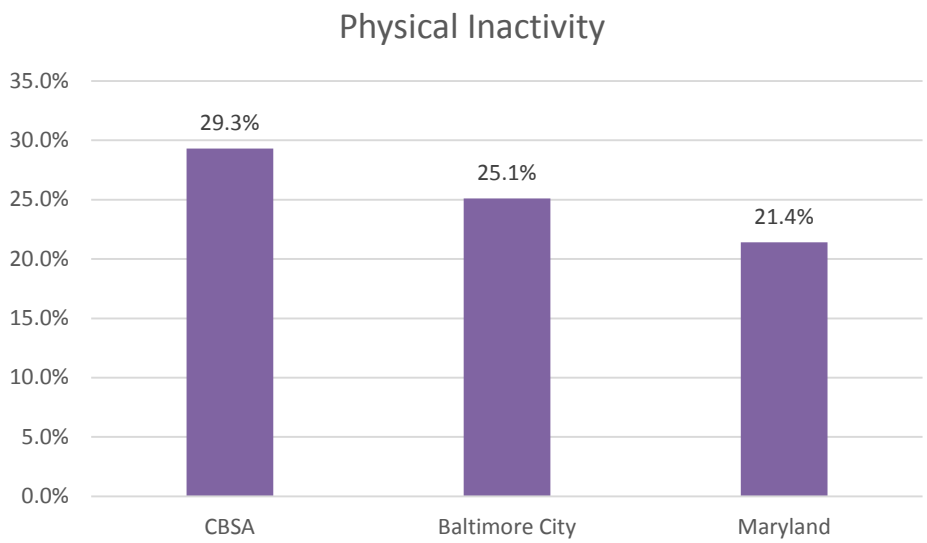
Figure 24 – Percentage of the Adult Population with Obesity



Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

Physical inactivity is the percentage of adults reporting no leisure-time physical activity. CBSA respondents are more likely to not engage in leisure-time physical activity compared to Baltimore City and Maryland respondents. Refer to Figure 25.

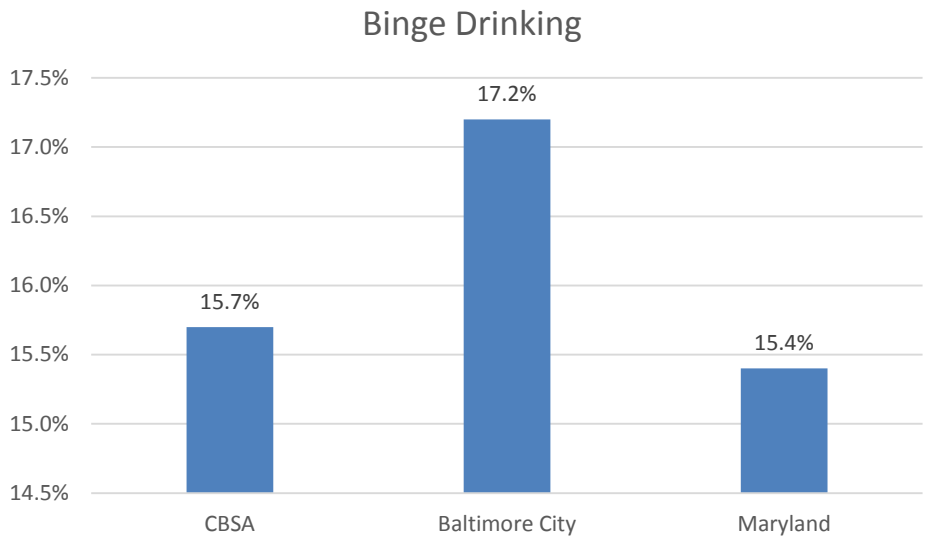
Figure 25 – Percentage of Adults Reporting No Physical Inactivity by CBSA, Baltimore City and Maryland



Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

Binge drinking is defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion. The BRFSS asks respondents to self-report binge drinking in the past 30 days. CBSA respondents report binge drinking at a lower rate than Baltimore City respondents, and is similar to Maryland's reported rate. Refer to Figure 26.

Figure 26 – Percentage of Binge Drinkers by CBSA, Baltimore City and Maryland

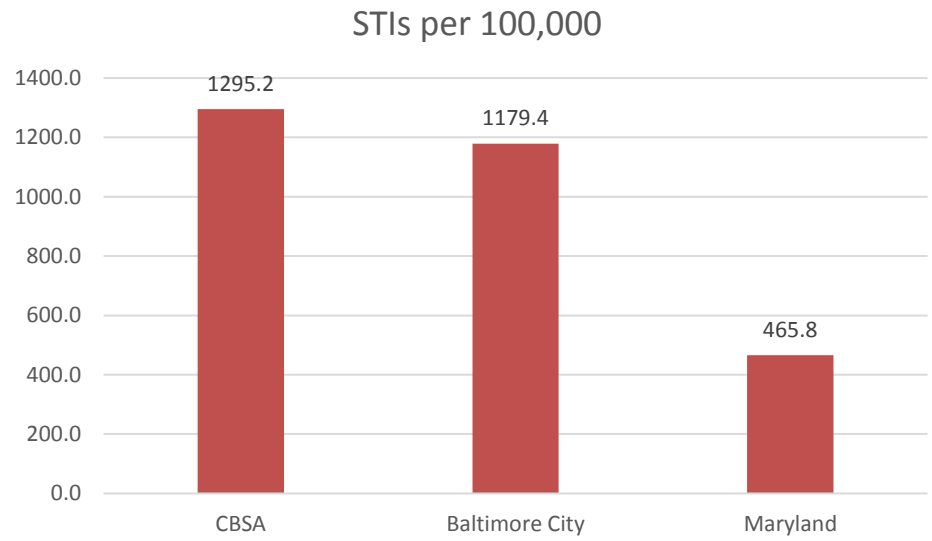


Source: Baltimore City and Maryland- 2014 Maryland BRFSS. CBSA- 2011-2014 Maryland BRFSS

Sexually Transmitted Infections (STI) per 100,000 is the number of new chlamydia cases per 100,000 population in 2014. The CBSA experiences a higher rate of

chlamydia than Baltimore City, and a significantly higher rate than Maryland. Refer to Figure 27.

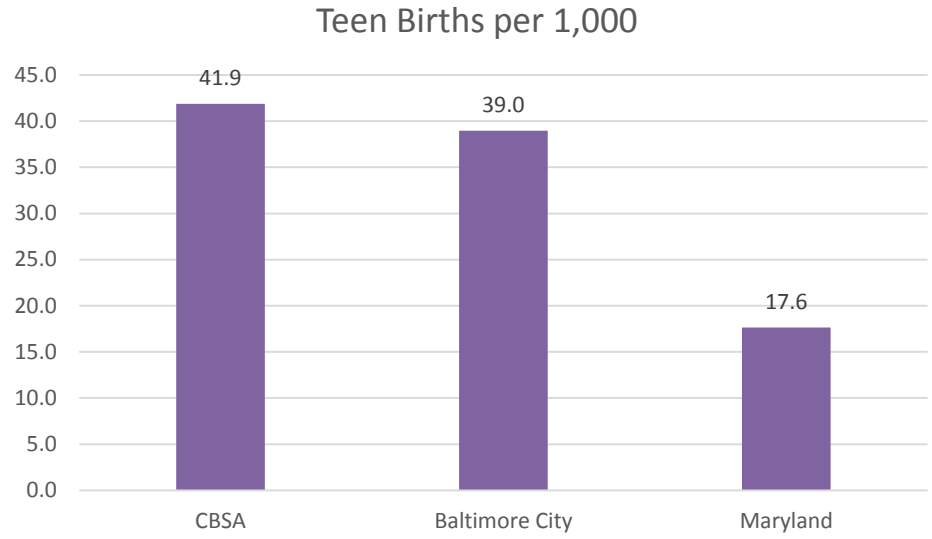
Figure 27 – STIs per 100,000 by CBSA, Baltimore City and Maryland



Source: Sexually Transmitted Infection Prevention, DHMH; Baltimore City Health Department; Maryland Office of Planning 2014

Teen births per 1,000 is the number of births per 1,000 females, ages 15-19. Teen births are an important predictor of future risk behavior and have an increased risk of having low birth weight babies[3,4]. This figure represents 2014 data. The CBSA has a higher teen birth rate than Baltimore City, and a much higher rate than Maryland. Refer to Figure 28.

Figure 28 – Teen Births per 1,000 by CBSA, Baltimore City, and Maryland



Source: Maryland Department of Health and Mental Hygiene, Vital Statistics Administration 2014

Health Behavior Section References

1. Paneth NS. The problem of low birth weight. Future Child. 1995;5:19-34.
2. Mokdad AH, Ford ES, Bowman BA, et al. Prevalence of obesity, diabetes, and obesity-related health risk factors, 2001. JAMA.2003;289:76-79.
3. Meade CS, Ickovics JR. Systematic review of sexual risk among pregnant and mothering teens in the USA: Pregnancy as an opportunity for integrated prevention of STD and repeat pregnancy. Soc Sci Med. 2005;60:661-678.
4. Chandra PC, Schiavello HJ, Ravi B, Weinstein AG, Hook FB. Pregnancy outcomes in urban teenagers. Int J Gynaecol Obstet. 2002;79:117-122.

Clinical Care

Clinical care data at the zip code level was unavailable for 5 of 7 indicators. Baltimore City has a lower ratio of primary care physicians than the rest of the state, but has a better ratio of dentists and mental health providers than the rest of the state. These ratios were reported by CHR and accessed on April 20, 2016. Refer to Figure 29.

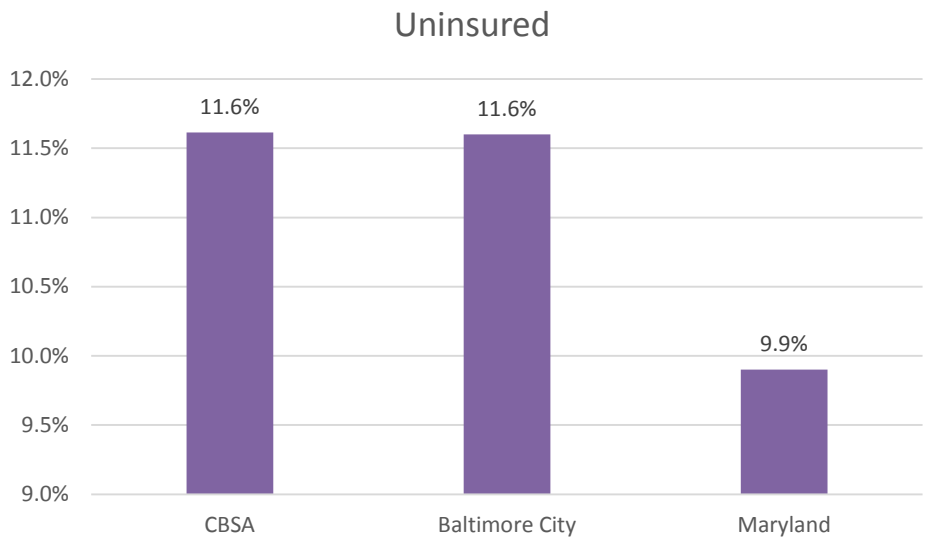
Figure 29 – Clinical Care Data

	CBSA	Baltimore City	Maryland
Health Factors			
Clinical Care			
Uninsured	*11.6%*	11.6%	9.9%
Primary care physicians	Unavailable	1050:1	1120:1
Dentists	Unavailable	1580:1	1360:1
Mental health poviders	Unavailable	280:1	470:1
Preventable hospital stays	Unavailable	62	50
Diabetic monitoring	Unavailable	81.0%	85.0%
Mammograpy screening	80.1%	81.0%	79.4%

Mammography screening data reports the proportion of women 40+ that have received a mammography in the past 2 years, and was obtained from the 2014 Maryland BRFSS for Baltimore City and Maryland, and 2012-2014 Maryland BRFSS data for the CBSA. The CBSA has comparable screening rates to Baltimore City and Maryland.

Uninsured rates reflect all people in the population that do not have any type of insurance during 2014. The CBSA rate, 11.6%, is the average of each individual zip codes uninsured rate in the CBSA. Bon Secours CBSA is similar to Baltimore City's and is higher than Maryland's. Refer to Figure 30.

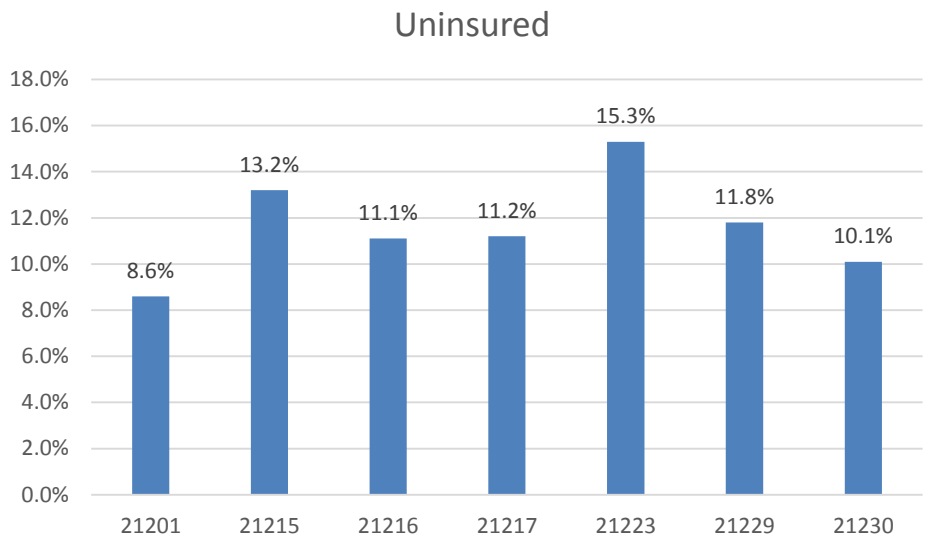
Figure 30 – Percentage of Uninsured by CBSA, Baltimore City and Maryland



Source: American Community Survey 2014

Within the CBSA, 21215 and 21223 have the highest percent of being uninsured. Refer to Figure 31.

Figure 31 – Percentage of Uninsured By CBSA Zip Codes



Source: American Community Survey 2014

Social and Economic Factors

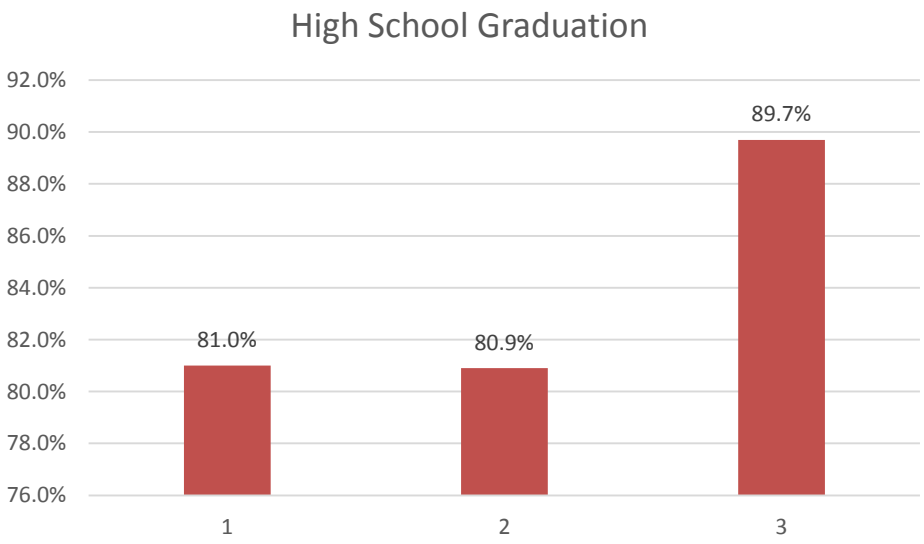
Bon Secours CBSA ranks worse in all social and economic factors than Maryland. The CBSA also ranks worse in all social and economic factors than Baltimore City, except narrowly in high school graduation. The CBSA also constitutes a majority of drug overdose deaths in Baltimore City. The indicators that differ the greatest between the

CBSA, and Baltimore City and Maryland, is the large amount of children living in poverty and that a majority of households are headed by a single-parent.

Within the CBSA, zip code 21223 ranks the lowest on all but one of the indicators with zip code level data available, and shows a large disparity in educational attainment, employment, and poverty. Zip codes 21201 and 21230 reported better on social and economic factors than the other CBSA zip codes.

High school graduation refers to the proportion of all people that have graduated high school or have a GED, ages 25+. For this indicator, CBSA's proportion is the average of all individual zip code's proportion within the CBSA. The CBSA is similar to Baltimore City in high school graduation, but still very behind the Maryland average. Refer to Figure 32.

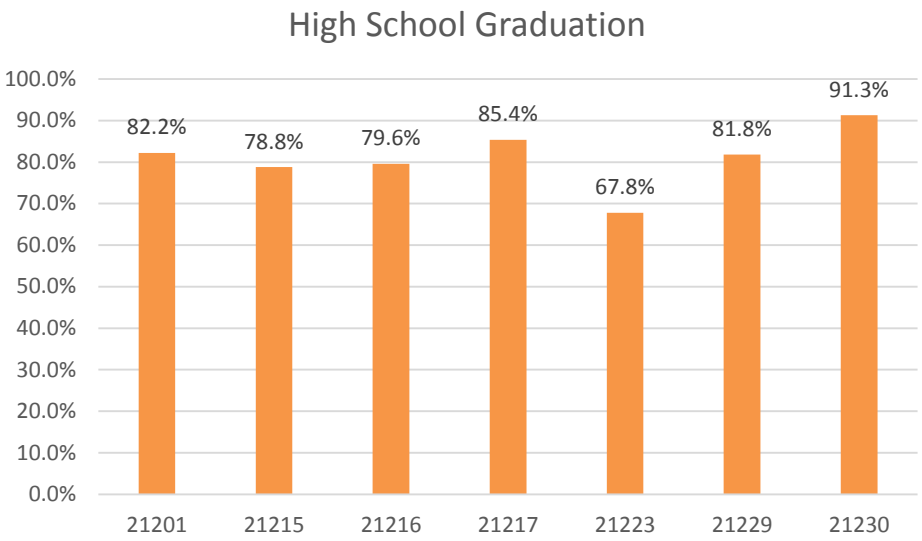
Figure 32 – Percentage of High School Graduates by CBSA, Baltimore City and Maryland



Source: American Community Survey 2014

Within the CBSA, high school graduation varies and is significantly lower in 21223. Refer to Figure 33.

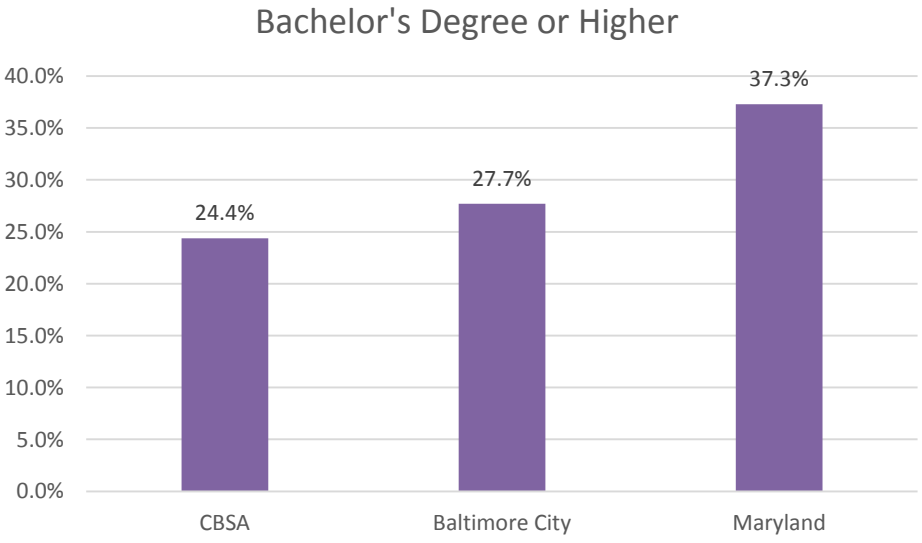
Figure 33 – Percentage of High School Graduates by CBSA Zip Codes



Source: American Community Survey 2014

Bachelor's degree or higher is the proportion of people that have a bachelor's degree or higher in the population. For this indicator, CBSA's proportion is the average of all individual zip code's proportion within the CBSA. The CBSA has a lower proportion of college graduates than Baltimore City and Maryland. Refer to Figure 34.

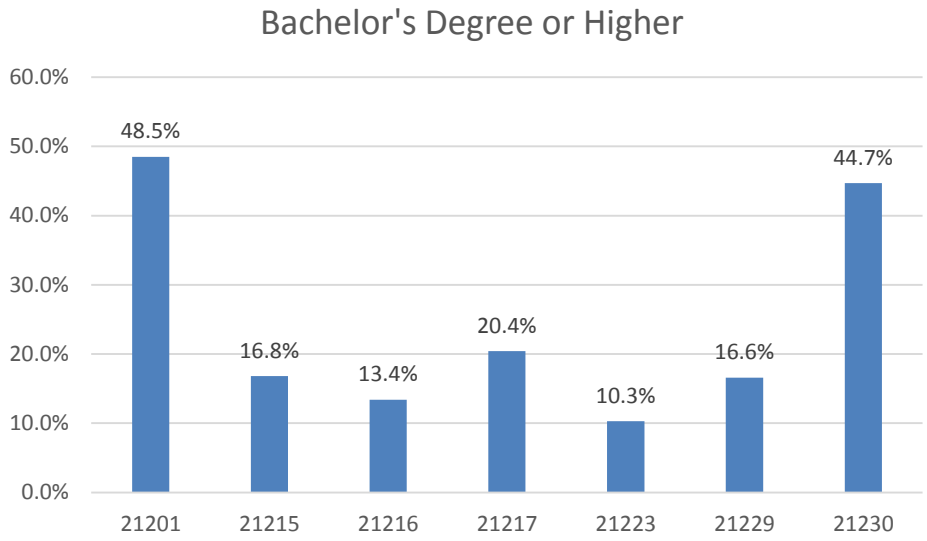
Figure 34 – Percentage of People with Bachelor's Degree or Higher by CBSA, Baltimore City and Maryland



Source: American Community Survey 2014

Within the CBSA, 21201 and 21230 have much higher proportion of people with a bachelor's degree or higher. There is a 38.2% difference between the highest (21202) and lowest (21223) zip codes. Excluding 21201 and 21230, the CBSA's rate is 15.5%. Refer to Figure 35.

Figure 35 – Percentage of People with Bachelor's Degree or Higher by CBSA Zip Codes



Source: American Community Survey 2014

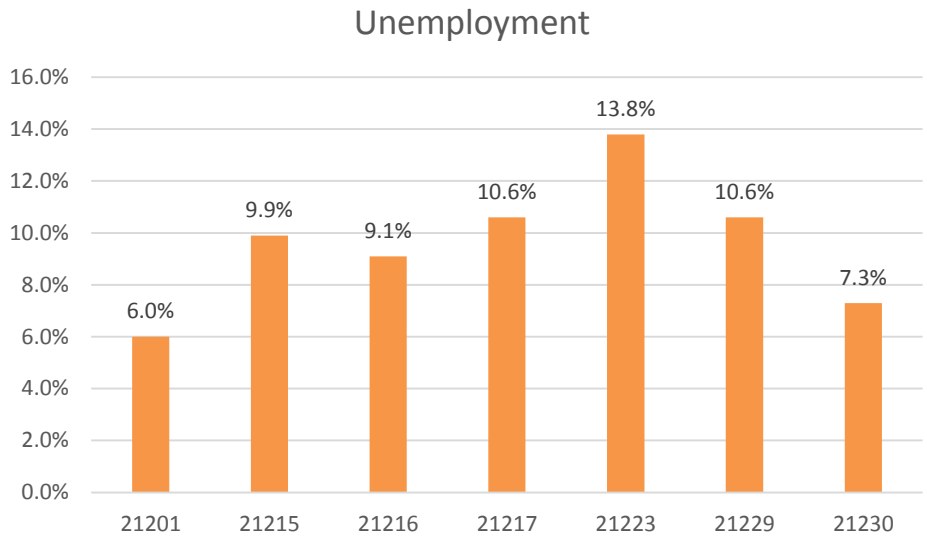
Unemployment is defined as the percentage of people 16 and older who are unemployed, but seeking work. For this indicator, CBSA's proportion is the average of all individual zip code's proportion within the CBSA. The CBSA has a higher rate of unemployment compared to Baltimore City and Maryland. Refer to Figure 36.

Figure 36 – Percentage of Unemployed by CBSA, Baltimore City and Maryland

Source: American Community Survey 2014

Within the CBSA, 21223 has the highest rate of unemployment. Zip codes 21201 and 21230 have noticeably lower unemployment rates compared to the other zip codes. Refer to Figure 37.

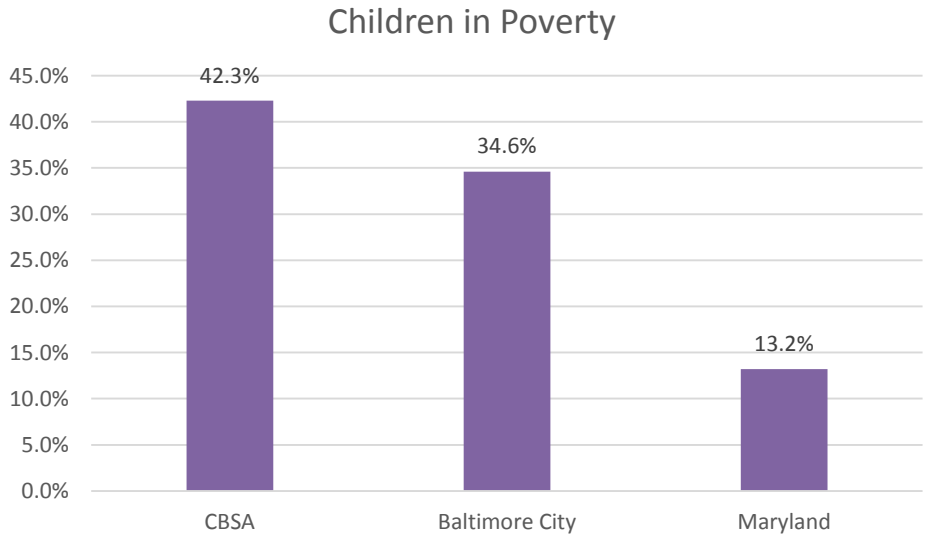
Figure 37 – Percentage of Unemployed by CBSA Zip Codes



Source: American Community Survey 2014

Children in poverty is the proportion of persons under 18 that are living in poverty. For this indicator, CBSA's proportion is the average of all individual zip code's proportion within the CBSA. The CBSA has a higher proportion of children living in poverty compared to Baltimore City, and has a strikingly higher portion than Maryland. Refer to Figure 38.

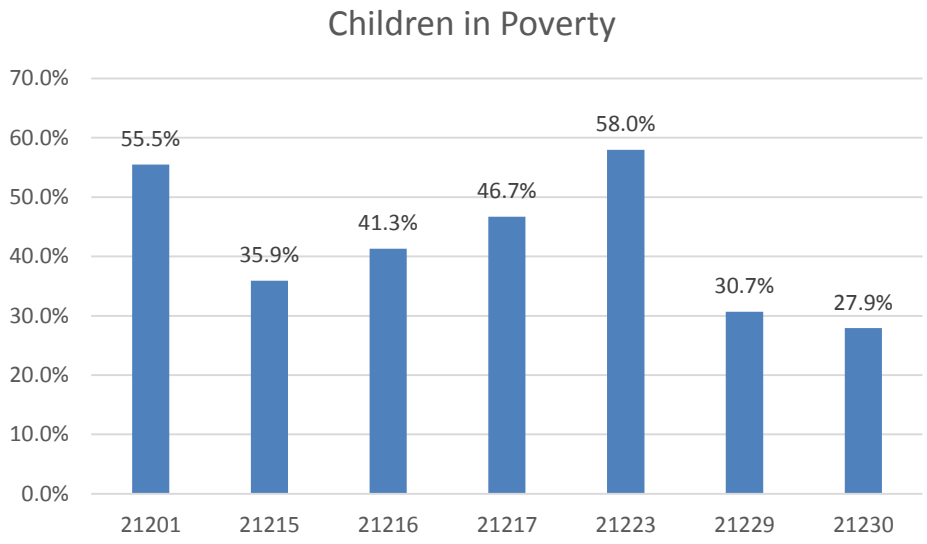
Figure 38 – Percentage of Children in Poverty by CBSA, Baltimore City and Maryland



Source: American Community Survey 2014

Within the CBSA, 21201 and 21223 have the highest proportion of children living in poverty. Refer to Figure 39.

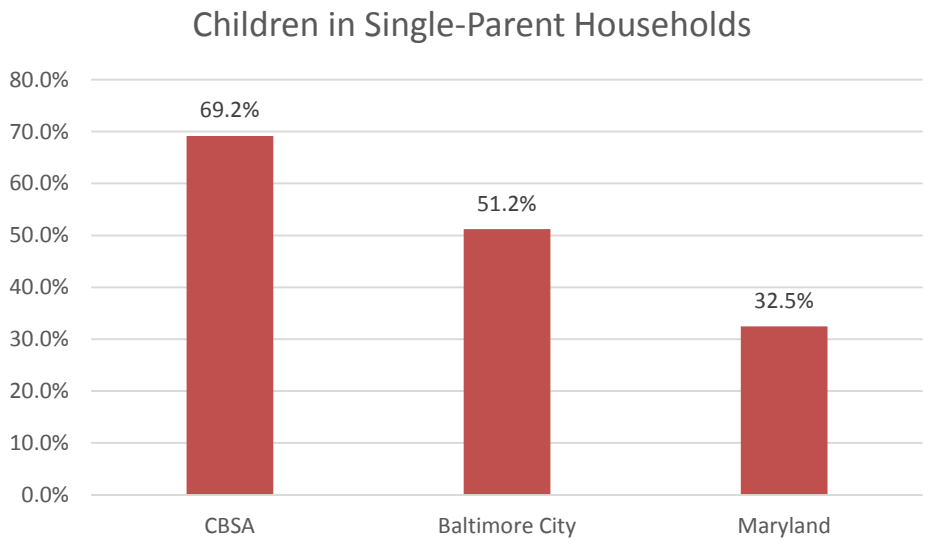
Figure 39 – Percentage of Children in Poverty by CBSA Zip Codes



Source: American Community Survey 2014

Children in single parent households measures the percent of children in households headed by one parent. The CBSA has a much higher percentage of single-parent households compared to Baltimore City and Maryland. Refer to Figure 40.

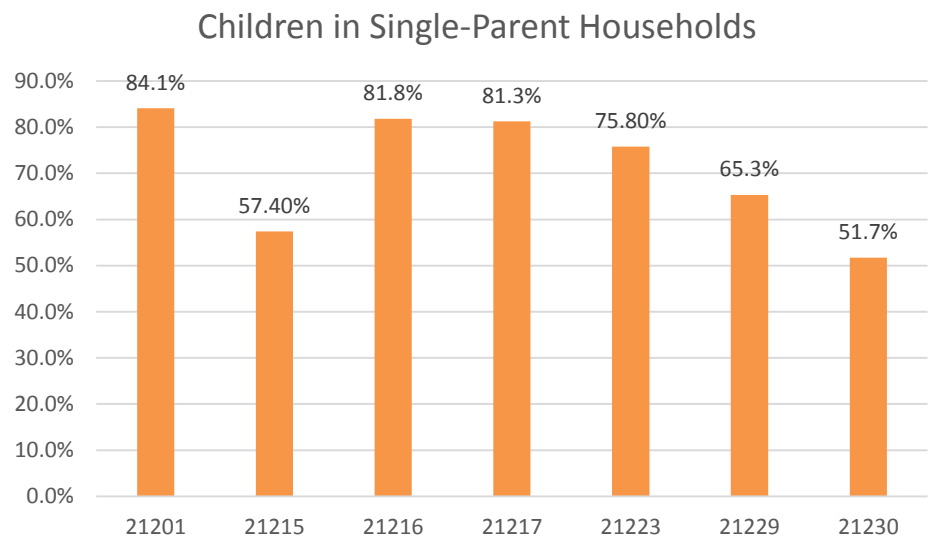
Figure 40 – Percentage of Children in Single-Parent Households by CBSA, Baltimore City and Maryland



Source: American Community Survey 2014

Within the CBSA, all zip codes have a single-parent household rate higher than Baltimore City's (51.2%). In 3 of the 7 zip codes over 80% of households are headed by a single parent. Refer to Figure 41.

Figure 41 – Percentage of Children in Single-Parent Households by CBSA Zip Code



Source: American Community Survey 2014

Violent crime per 100,000 is defined as the number of homicides, forcible rapes, robberies, and aggravated assaults reported per 100,000 people.

Injury deaths is the proportion of all intentional and unintentional injury deaths per 100,000 people. Maryland Vital Statistics Administration was unable to provide injury death information at the zip code level due to data integrity issues. This information comes from CHR, accessed on 4/20/16.

While CBSA level data is suppressed, Baltimore City experiences more violent crimes and injury deaths than Maryland. To supplement these missing indicators, 2 more indicators were incorporated in the analysis. Refer to Figure 42.

Figure 42 – Number of Violent Crimes and Injury Deaths by CBSA, Baltimore City and Maryland

	CBSA	Baltimore City	Maryland
Health Factors			
Social & Economic Factors			
Violent crime per 100,000	Suppressed	1340.1	452.8
Injury deaths	Suppressed	99	54

Motor vehicle deaths is reported as the total count of motor vehicle deaths in 2014.

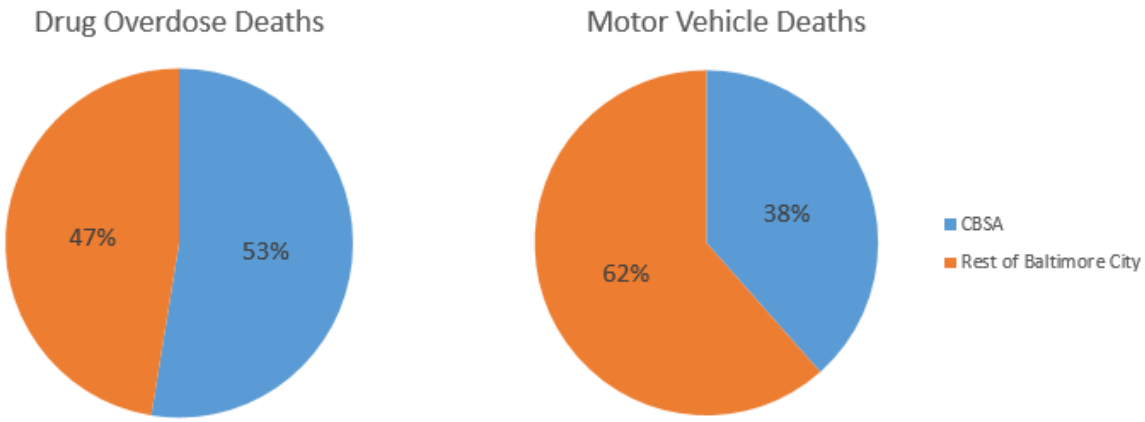
Drug overdose deaths is reported as the total count of drug overdose deaths in 2014. The CBSA represents 53% of all drug overdose deaths in Baltimore City, and 38% of motor vehicle deaths in Baltimore City. Refer to Figures 43 and 44.

Figure 43 – Number of Motor Vehicle Deaths and Drug Overdose Deaths by CBSA, Baltimore City and Maryland

	CBSA	Baltimore City	Maryland
Health Factors			
Social & Economic Factors			
Motor vehicle deaths (count)	20	52	459
Drug overdose deaths (count)	133	253	1035

Source: 2014 Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Figure 44 – Percentage of Motor Vehicle Deaths and Drug Overdose Deaths by CBSA and Rest of Baltimore City



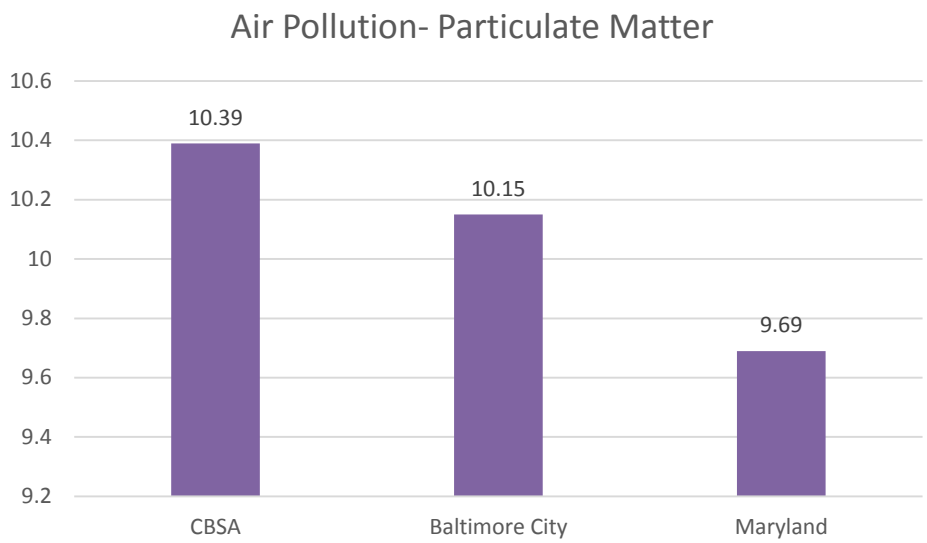
Source: 2014 Maryland Department of Health and Mental Hygiene, Vital Statistics Administration

Physical Environment

Bon Secours CBSA ranks lower on physical environment indicators than Baltimore City and Maryland, except in driving to work alone. For indicators with zip code level data, zip codes 21217 and 21223 both reported the highest percentage of vacant properties and not having a vehicle.

Air pollution-particulate matter is defined as the average daily density of fine air particulate matter less than 2.5 micrometers. This measure is incorporated as an indicator of air quality. The CBSA experiences a higher average daily density of particulate air matter than Baltimore city and Maryland. Refer to Figure 45.

Figure 45 – Air Pollution Particulate Matter by CBSA and Rest of Baltimore City

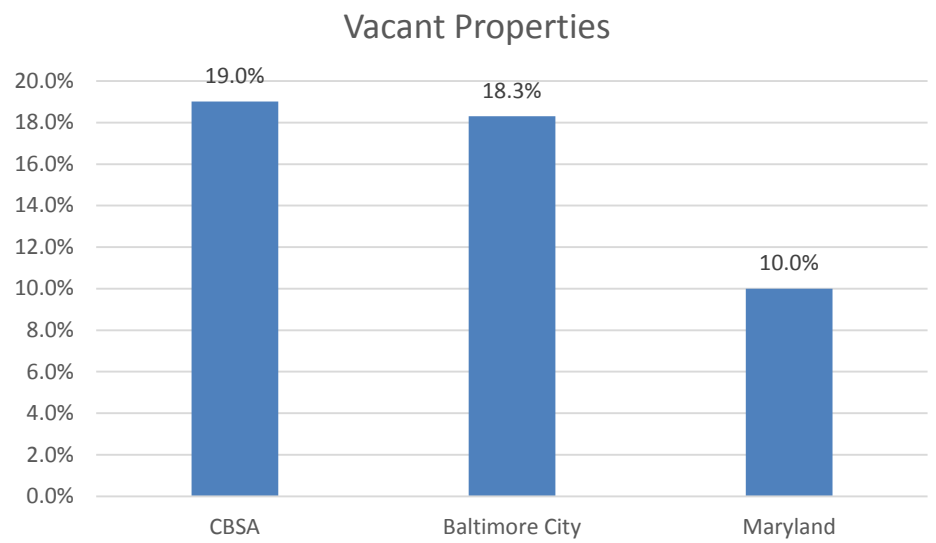


Source: Maryland-EPA AirData 2013. Baltimore City and CBSA- EPA AirData 2014-2016

Severe housing problems is the percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities. Information at the zip code level for this information is suppressed. Data in this report comes from CHR, accessed on 4/20/16. Baltimore City (24%) has more housing problems than Maryland (17%).

Properties that are vacant captures the percent of properties that are vacant. For this indicator, CBSA's proportion is the average of all individual zip code's proportion within the CBSA. Refer to Figure 46.

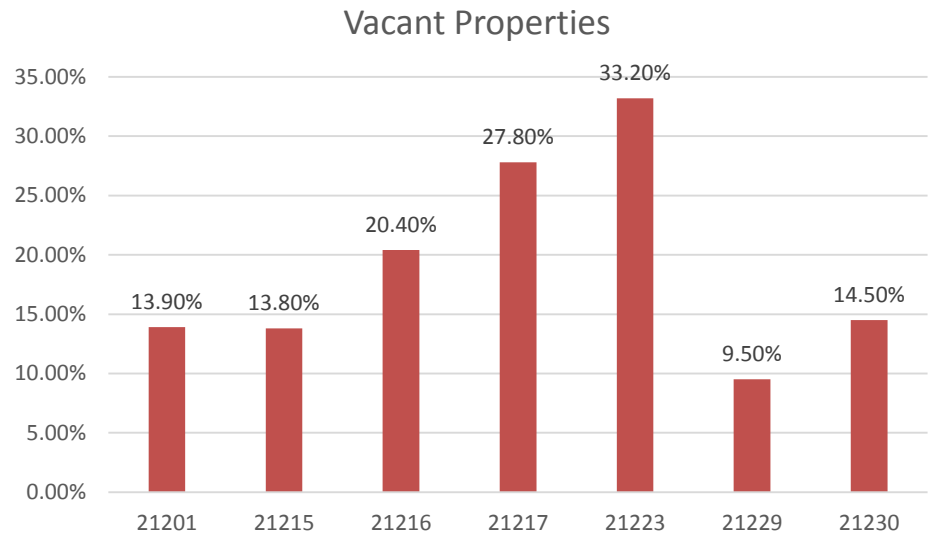
Figure 46 – Percentage of Vacant Properties by CBSA and Rest of Baltimore City



Source: American Community Survey 2014

The CBSA has slightly higher percentage of vacant homes than Baltimore City, and a much larger percentage than Maryland. Refer to Figure 47.

Figure 47 – Percentage of Vacant Properties by CBSA Zip Codes



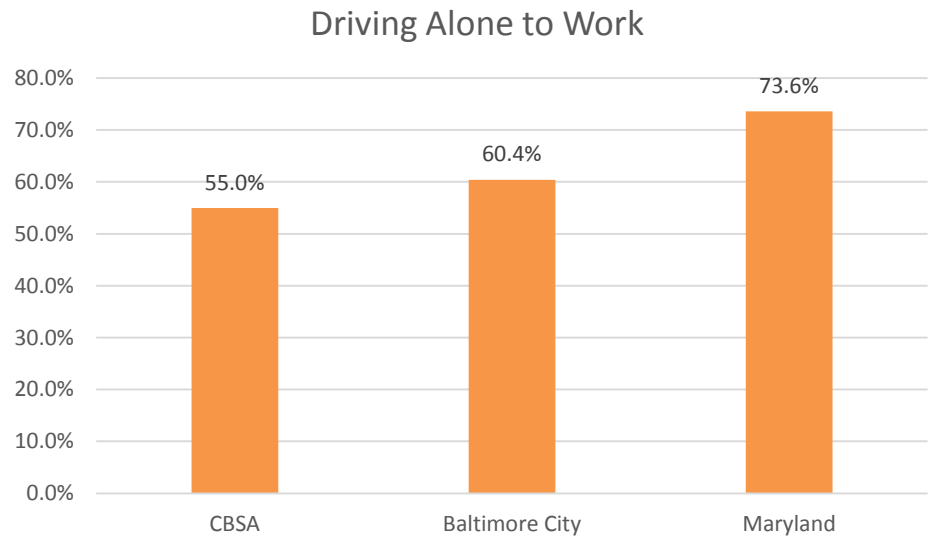
Source: American Community Survey 2014

Within the CBSA there is wide variation in the proportion of vacant properties. 3 zip codes (21216, 21217, and 21223) have rates higher than Baltimore City's (18.3%).

Driving alone to work measures the percent of people employed that drive to work alone. It is included in the analysis because transportation choices can affect a community's active living, air pollution, and traffic accidents. CBSA residents report

driving alone to work at a lower rate than Baltimore City and Maryland. Refer to Figure 48.

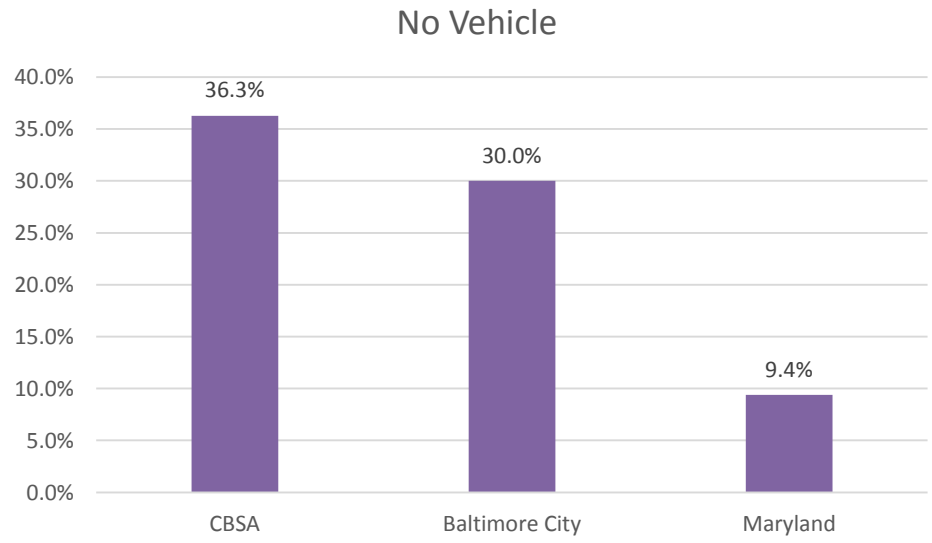
Figure 48 – Percentage of People Employed that Drive to Work Alone by CBSA Zip Codes



Source: American Community Survey 2014

No vehicle represents the amount of households that report not having a motor vehicle. This indicator is included in the analysis because vehicle access can impact health behaviors and decisions. Households in the CBSA report not having access to a motor vehicle at a higher rate than Baltimore City and Maryland households. Refer to Figure 49.

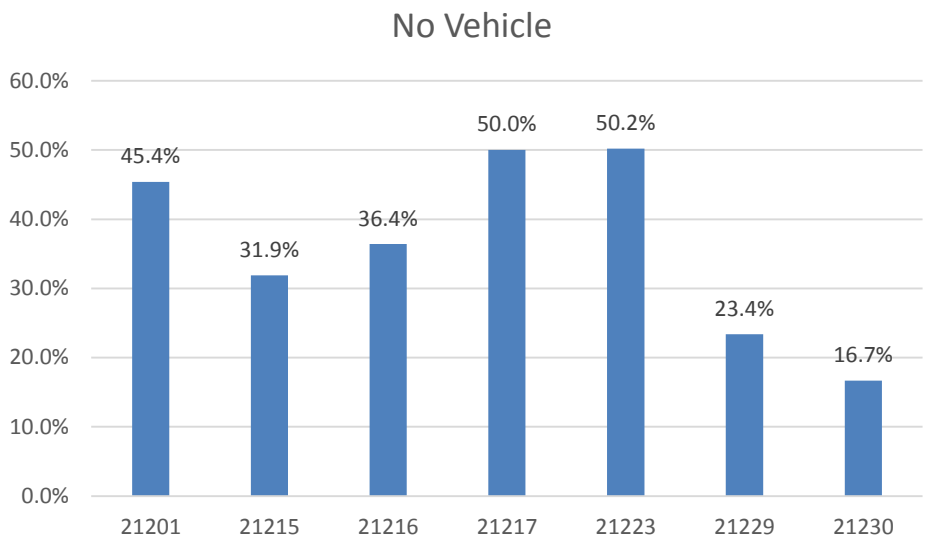
Figure 49 – Percentage of Households with No Vehicle by CBSA, Baltimore City and Maryland



Source: American Community Survey 2014

Within the CBSA is a wide variation to having a vehicle. Half of households in zip codes 21217 and 21223 report having no vehicle. Refer to Figure 50.

Figure 50 – Percentage of Households with No Vehicle by CBSA Zip Codes



Source: American Community Survey 2014

5 Community Input

The CHNA survey provided Bon Secours with input from a broad range of persons living in or serving the West Baltimore community. The findings from the targeted stakeholder interviews, focus groups and Community Conversation served as additional insight into the survey findings regarding West Baltimore health needs.

5.1 Survey Results

Two hundred and ninety-seven (297) of the 425 surveys collected were from the defined service area. Below we have summarized key survey results for the defined service area. The detailed survey results are provided in Appendix 7.

Survey Demographics

- The majority of the respondents (65%) were female.
- Ninety-two percent (92%) of the respondents were African American.
- The majority of the respondents (53%) rent their home.
- The majority of the respondents (66%) average household income is between $0-$24,999.

Community Priorities

The Top Five priorities that the respondents think should be addressed in the community are as follows:

1) Crime, e.g., drugs, prostitution, theft, etc. (48%)
2) Education (37%)
3) Jobs with fair wages (37%)
4) Housing (31%)
5) Homelessness (28%)

5.2 Community Dialogues

We have summarized the results of our community dialogues, which included stakeholder interviews, focus groups and a community discussion in Appendices 8 through 13. Common themes in terms of community health needs across all groups were as follows:

- Lack of nutrition awareness/health
- Lack of adequate housing/vacancies and abandoned
- Crime and related trauma/safety
- Coordination of services (no synergy)
- Lack of education
- Mental Health and Substance Abuse
- Chronic diseases
- Primary care access/individualized care/care coordinator/education
- Trust in the Medical System
- Quality of care

- Adequate food/Access to healthy foods
- Jobs/economic empowerment
- Access to basic human needs (grocery stores)
- Urban stores/farmer markets
- Advocacy and Policy/Public Agency Coordination

6 West Baltimore Priority Health Needs

6.1 Prioritization Process and Criteria Used to Prioritize Needs

The Community Advisory Board met over a two-day period to review the output from the CHNA community engagement process and prioritize the identified community health needs. Williams Consulting facilitated the meetings. The June 29, 2016 meeting focused on: the purpose of the CHNA; the Community Advisory Board's role; Lessons Learned from the last CHNA; the data collection approach and findings; the criteria and process for prioritizing the identified health needs; and, the actual prioritization of the health needs.

Williams Consulting walked the group through the CHNA findings that had been summarized by source (e.g., Community Residents, Public Health Department, Community Leaders, etc.) in a PowerPoint presentation. Williams Consulting then reviewed the proposed criteria that would be used to prioritize the health needs with the Advisory Board for input and concurrence. The Advisory Board concurred with the proposed criteria and added one additional criteria focused on the potential impact of the health concern on the community.

The following criteria were used to prioritize the community needs:

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

The Community Advisory Board members were then asked to identify common health concerns/needs (i.e., identified by more than one source/stakeholder constituency) that were documented on a flip chart. The Community Advisory Board then reviewed the health needs to determine whether Bon Secours had the ability to address the health need either independently or in conjunction with other partners. The Community Advisory Board also reviewed the goals against the Baltimore City Health Department and Maryland Department of Health and Mental Hygiene goals. The Community Advisory Board then voted on each of the resulting goals to determine rank order with majority rule.

During the second meeting conducted on July 11, 2016, the Community Advisory Board was divided into three groups. Williams Consulting worked to ensure that each group

had representation from across the various community stakeholders and Bon Secours. Each group was assigned four of the prioritized health needs and asked to identify at least three actions that could be taken to address the identified need. The Advisory Board members were asked to focus on actions that were within the control of Bon Secours and its partners. Additionally, the actions had to be "actionable". The groups worked independently to brainstorm actions and documented their discussions and reported out to the entire Community Advisory Board. During the report out, Advisory Board members had an opportunity to recommend additional actions across all prioritized health needs. The Community Advisory Board recommended the prioritized issues and actions to Bon Secours' leadership for consideration in the Implementation Planning process.

The Community Advisory Board will meet again on July 28, 2016 to refine the recommended actions working with Bon Secours leadership. The Plans and implementation strategies that expand on existing and new programs and partnerships, and identify new programs and partnerships, will be included in a separate CHNA Implementation Plan. Based on the CHNA Implementation Plan, additional partners may be added to the Community Advisory Board who can help with the execution of the Implementation Plan. The expectation is that the Community Advisory Board will meet on a periodic basis to review progress against the CHNA Implementation Plan.

6.2 Priority Needs

Based on the process and criteria described, Bon Secours' priority health needs are as follows.

1) Crime and Related Trauma
2) Hospital Quality and Public relations
3) Coordination of Services across Bon Secours Baltimore Health System
4) Health Education (e.g., Nutrition Awareness, Cooking, Parenting)
5) Behavioral Health/Substance Abuse
6) Access to Primary Care Physicians
7) Advocacy, Policy and Public Agency Dialogue
8) Children's Health
9) Access to Healthy Food
10) Employment
11) Expanded Housing
12) Community Unity

6.3 Community Advisory Board Input to Addressing Priority Needs

The Community Advisory Board identified the following actions for addressing the identified priority health needs as input to the CHNA Implementation Plan.

13) Crime and Related Trauma

a. Expand trauma informed care
b. Establish a relationship with each police district within Bon Secours' service area

c. Collaborate with Baltimore Police Department on mental health issues
d. Strengthen partnerships/develop network of care
e. Address advocacy and policy for opioids
f. Reinstitute the Crime and Grime Committee
g. Collaborate on Western District station renovation

14) Hospital Quality and Public relations

a. Share quality data, patient safety
b. Conduct a PR campaign – Highlight what Bon Secours does well, Bon Secours niche
c. Strengthen publications – social media and print

15) Coordination of Services across Bon Secours Baltimore Health System

a. Participate in more citywide health initiatives
b. Develop a platform that leverages 21st century technology
c. Coordinate with relevant city-wide initiatives, e.g., Food Policy Commission
d. Provide 501(c)(3) training to community based organizations so that they can further assist Bon Secours

16) Health Education (e.g., Nutrition Awareness, Cooking, Parenting)

a. Use ACA guidelines
b. Partner with Baltimore City Health Department and other service providers, school systems, grocery stores and Kaiser
c. Incorporate fitness and other preventative services
d. Enhance and expand Congregational Care program with area churches

17) Behavioral Health/Substance Abuse

a. Outreach – Walking streets, pass out flyers newsletter quality
b. Education – In Touch list, Problems all community groups, quarterly newsletter, information of our behavioral health programs
c. Building Trust – Central Baptist Gift of Love Center Lunch Program (2nd and 4th Saturday of each month) – There is a captive audience there.
d. Behavioral health on site in community works
e. Children behavioral health needs to be addressed as well

18) Access to Primary Care Physicians

a. Maryland Healthcare Access Partnership
b. Develop Primary Care Education Program
c. Develop Pediatrics Primary Care– and woman's health
d. Dental care for adults
e. Developing Educational and Awareness program about benefits of having your own physician instead of using the Emergency Department

19) Advocacy, Policy and Public Agency Dialogue

a. Bon Secours at table and communicating w/ community on: Smoking laws, Liquor Stores – there are more liquor stores in this area than anywhere else. BS make it public that this needs to go out!, Housing/ Homelessness, Re-Entry, Child Advocacy, Food Access, Dirt Bikes/ Injury, Overdose prevention and Opioid Crisis

20) Children's Health

a. Pediatric Primary Care
b. Dental Care
c. Partnership with the University of Maryland for all the services that Bon Secours does not currently provide
d. Partner with the city to address infant mortality

21) Access to Healthy Food

a. Grocery Stores
b. Farmers Markets - More outreach, more visibility, bring it outside to the people
c. Educate the youth in food, meal preparation, and nutrition

22) Employment

a. Workforce/Skills training for in demand industries
b. Community Works has a CHNA and GNA training program
c. Need training for Microsoft applications
d. Provide Stipend for these training programs
e. Help in finding jobs after skills training
f. Continue re-entry program
g. Access to allied health and art & culture industries

23) **Expanding Housing**

a. We need to provide training on how to be a responsible homeowner and a good neighbor
b. More home ownership programs
c. Community Works should become a housing counseling agency

24) Community Unity

a. Build trust and communicate better
b. Create spaces for the community to interact
c. Cookouts and activities to build relationship
d. Accountability and transparency - sharing with the community and be more visible
e. Create initiatives of having groups work together as coalitions
f. Community Works and Bon Secours need to go out into the streets

6.4 Resources Available Within the Community Served to Meet Identified Needs

There are numerous programs and services available within the Bon Secours Baltimore Health System to address many of the identified community health needs. Additionally, there are a number of community organizations and resources within the West Baltimore community with programs, services and or resources to address the needs identified via the CHNA. Bon Secours is prepared to partner with these organizations as needed to address the prioritized health needs of the community.

Bon Secours Baltimore Health System

Bon Secours manages 72 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. Bon Secours 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. Within the Bon Secours community there are separate entities that serve as resources to the community such as:

West Baltimore Health Enterprise Zone

The West Baltimore CARE Health Enterprise Zone (HEZ) offers programs and services to reduce cardiovascular disease (CVD) and risk factors such as diabetes and hypertension in West Baltimore residents living in the **21216**, **21217**, **21223** and **21229** zip codes. The West Baltimore CARE provides the following programs and services:

- Care Coordination Services
- HEZ Tax Credits and Loan Repayments
- Community Partnership Grants
- Community Outreach and Health Awareness Education
- Free Fitness Classes
- Health Careers Scholarships

New Hope Treatment Center

Bon Secours New Hope Treatment Center has been rooted in West Baltimore for several decades and was one of the first Substance Abuse Treatment Programs funded by Behavioral Health Systems Baltimore to provide Methadone as a form of pharmacotherapy treatment to adult men and women diagnosed with a substance use disorder. Treatment & Medical Services include:

- Comprehensive Screening and Assessments
- Individual Counseling
- Standard & Intensive Group Counseling
- Gender-Specific group counseling

- Self-Help Support Groups-Methadone Anonymous
- Patient Advisory Board
- Overdose Prevention
- Smoking Cessation
- Relapse Prevention Family
- Education & Counseling
- Primary Care
- HIV education, counseling and testing

Family Support Center
Bon Secours Community Works' Family Support Center serves pregnant mothers and families with children up to age three. The Center offers Early Head Start services. At the Center, families receive support, encouragement and resources, such as GED preparation, developmental child care, parenting classes, employment readiness, counseling, tutoring, life skills training and money management. The Center's staff helps families make smart choices and become more self-sufficient by working with parents on child development and showing them best practices for raising children.

Bon Secours Housing
Bon Secours Apartments and Bon Secours Gibbons Apartments provide high-quality, low-cost rental housing to 199 low- and moderate-income families. This housing program began in 1997 when Bon Secours started acquiring and renovating large abandoned and severely dilapidated row houses near the hospital. The purpose is two-fold: to provide safe, decent and affordable housing and to improve a blighted neighborhood.

Bon Secours Baltimore Health System also offers several affordable independent living options for seniors and people with disabilities. We have five properties in West Baltimore with over 530 apartment units. Each property is designed for people who want to enjoy a lifestyle filled with recreational, educational and social activities. These communities are for those who can live on their own, but who desire the security and conveniences of community living. Our buildings are fully accessible and are close to shopping, recreation, educational opportunities, and many places of worship.

Other community resources include:

PUBLIC HEALTH DEPARTMENTS
The Maryland Department of Health and Mental Hygiene promotes and improves the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement. The Public Health Services Division oversees vital public services to Maryland residents including infectious disease and environmental health concerns, family health services and emergency preparedness and response activities. The Behavioral Health Division promotes recovery, resiliency, health, and wellness for individuals who have emotional, substance use, addictive and/or psychiatric disorders. The Developmental Disabilities Administration provides a

coordinated service delivery system to ensure appropriate services for individuals with developmental and intellectual disabilities. The Health Care Financing Division implements the Medicaid program, which features the department's HealthChoice and Children's Health Program along with other initiatives, including those that help people with the cost of prescription medications.

The Baltimore City Health Department has a wide-ranging area of responsibility, including acute communicable diseases, animal control, chronic disease prevention, emergency preparedness, HIV/STD, maternal-child health, restaurant inspections, school health, senior services and youth violence issues. In collaboration with other city agencies, health care providers, community organizations and funders, the Health Department aims to empower all Baltimoreans with the knowledge, access, and environment that will enable healthy living.

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 our West Baltimore CBSA. These hospitals are: University of Maryland Medical Center, University of Maryland Mid-Town, Bon Secours Hospital, Sinai Hospital of Baltimore, and Saint Agnes Hospital. In addition to these 5 hospitals, there are 6 other hospitals located in Baltimore that also serve Baltimore residents. These are: Mercy Medical Center, Harbor Hospital, The Johns Hopkins Hospital, Union Memorial Hospital, Good Samaritan Hospital, and Johns Hopkins Bayview Medical Center.

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. 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.

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

Community dialogues 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. Refer to Appendix 14 for a full list of partners.

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. 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.

7 Appendices

Appendix 1 – Bon Secours CHNA Team

Organization	Staff Member/Title
Bon Secours Baltimore Health System	• Curtis Clark, Vice President, Mission • George Kleb, Executive Director, Housing and Community Development • Bobby Kopp, Graduate Intern, Johns Hopkins University
Bon Secours Community Works	• Talib Horne, Executive Director • Tisha Trinh, Manager, Business Operations and Performance Improvement • Julian Walker, Intern
Williams Consulting, LLC	• Antoinette Williams, Chief Executive Officer • Mary Warren, Vice President of Operations, CHNA Project Manager • Nikeya Smith, Program Manager • John Cheng, Business Analyst • Dinup Gnyawali, Intern, Coppin State University • Justin Carter, Intern, University of Maryland Baltimore County

Appendix 2 – Community Advisory Board Members

Name	Title	Organization
Tanya Terrell	Workforce Strategist	Associated Black Charities
Derwin Hannah	Community Leader	ABC Park Youth Program
Tim Bridges	Vice President	Fayette Street Outreach
Reverend Bob Washington	Pastor and Community Leader	Celebration Church
Reverend Dr. Derrick Dewitt	Pastor and Community Leader	First Mount Calvary Baptist Church
Reverend Dr. Franklin Lance	Pastor and Community Leader	Mt. Lebanon Baptist Church
Joyce Smith	Community Leader	Operation ReachOut Southwest
Rita Pinder	Community Leader	Operation ReachOut Southwest
Yolanda Morris	Community Leader	Operation ReachOut Southwest
Jerlene Boyd	Community Leader	Boyd Booth Concerned Citizens
Bertha Nixon	President	Boyd Booth Concerned Citizens
Laura Howard	Community Benefit Program Manager	Kaiser Permanente
Yolanda Morris	Community Leader	Operation ReachOut Southwest
Gloria Branch	Community Leader	Operation ReachOut Southwest
Mariane Navarro	Anchor Institution Liaison & Coordinator	Mayor's Office of Economic & Neighborhood Development
Dr. Ronald Williams	Interim Dean	Coppin State University College of Business
Deborah Winfield	Community Leader	Central Baptist Church
Gail Neverdon Edmonds	Community Leader	Central Baptist Church
Reverend Dr. Iris Fainbee-Kevin	Pastor and Community Leader	St. James UMCL
Curtis Clark	Vice President, Mission	Bon Secours
George Kleb	Executive Director, Housing and Community Development	Bon Secours
Talib Horne	Executive Director, Community Works	Bon Secours
Terry Brown	Director of Operations and Monitoring, Inpatient Psychiatric Services	Bon Secours
Jocelyn Bratton-Payne	Director-Substance Abuse Treatment Programs	Bon Secours

Appendix 3 – Stakeholder Interview Questions

1) What is your current or past role in the Community?
2) What are the top three health concerns of the community?
3) What are the health resources available in the community?
4) What are the health resources that the community lacks?
5) What resources in the community are not being used to their full capacity?
6) What are the barriers to obtaining health services in the community?
7) What is the single most important thing that could be done to improve the health in the community?
8) What changes or trends in the community do you expect over the next three to five years?
9) What other information can be provided about the community that has not already been discussed?

Appendix 4 – Stakeholders Interview List

Name	Organization/ Affiliation	Special Knowledge/Expertise or Nature of Leadership Role
Sonia Sakar	Baltimore City Health Department	Baltimore City Health Department
Darcy Phelan-Emrick	Baltimore City Health Department	Baltimore City Health Department
Russ Montgomery	Director of Population Health, DHMH	Maryland, Department of Health and Mental Hygiene
Jerlene Boyd	Boyd Booth Community	Community Leader
Gloria Branch	Community Advocate	Community Leader
Edna Manns	President and Founder of the Fayette Street Outreach Organization	Community Leader
Joyce Smith	Operation ReachOut Southwest	Community Leader
Allison MacKenzie	Director, The Maryland Metabolic Institute, Saint Agnes Hospital	Health Care Provider
Ashley Valis	Executive Director, University of Maryland Strategic Initiatives and Community Engagement	Health Care Provider
Diane Bell McCoy	CEO, Associated Black Charities	Community Stakeholder

Appendix 5 – Focus Group Agenda

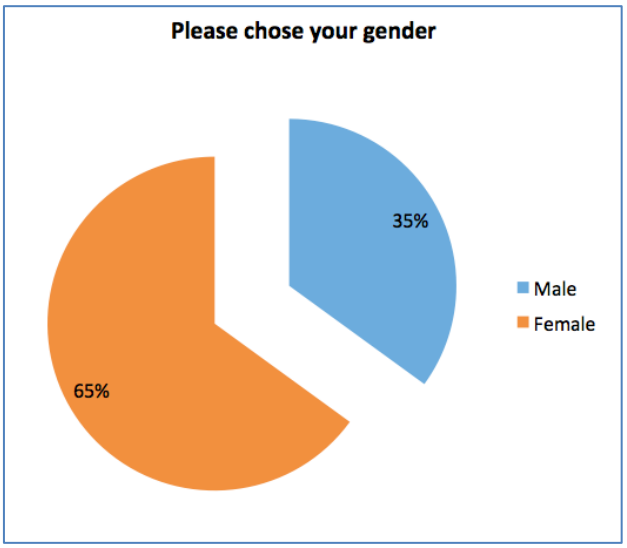
- **Session Opening – 5 Minutes**
    - Introductions
    - Explanation of the purpose of the focus group
    - Overview of the rules governing the session
    - Definition of the service area
- **Questions Concerning the Community – 80 Minutes**
    - What types of health problems exist in the community?
    - Why do you believe that people to do not get health care?
    - What can we do to help?
    - What actions are more important?
- **Session Conclusion – 5 Minutes**
    - Summary of findings
    - Closing discussion
    - Distribution of incentives for participation

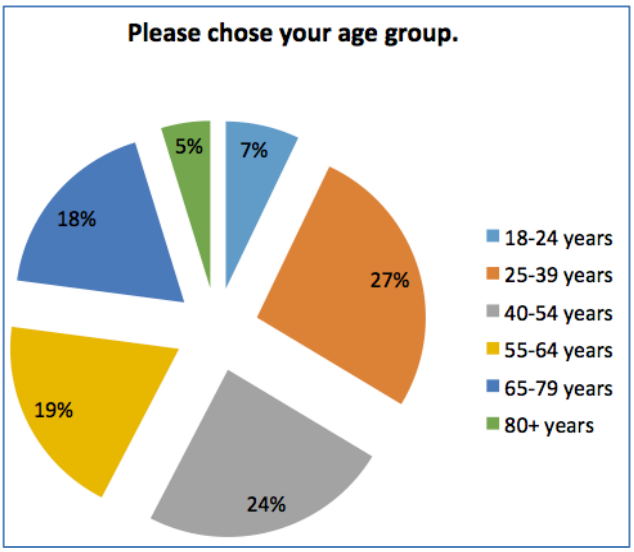
Appendix 6– Health Outcomes and Health Factors

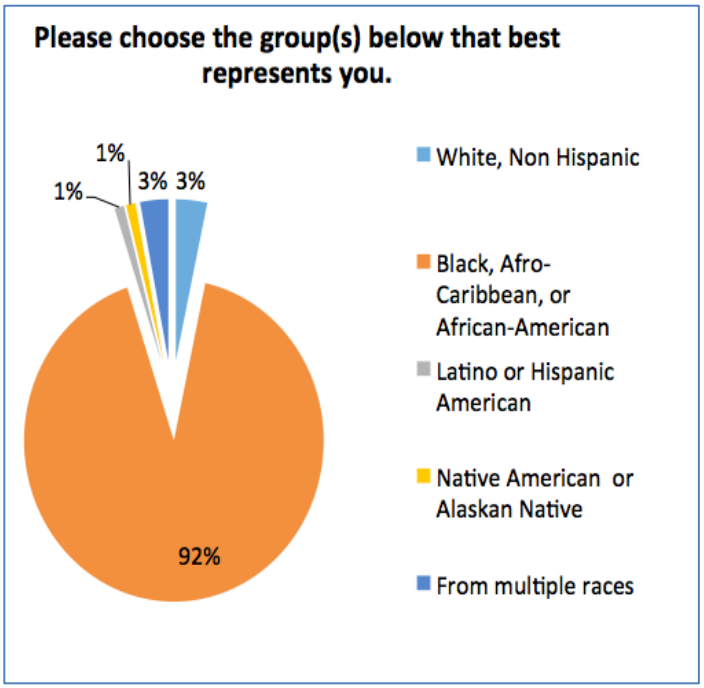
	CBSA	Baltimore City	Maryland
Health Outcomes			
Length of Life			
Life Expectency	*72.4*	73.8	79.8
Quality of Life			
Poor or fair health	25.0%	19.7%	14.2%
Poor physical health days	27.0%	26.4%	22.5%
Poor mental health days	29.3%	26.6%	23.2%
Low birthweight	12.0%	11.5%	8.6%
Health Factors			
Health Behaviors			
Adult smoking	25.6%	23.1%	14.6%
Adult obesity	38.4%	35.9%	29.6%
Physical inactivity	29.3%	25.1%	21.4%
Binge drinking	15.7%	17.2%	15.4%
STI rate per 100,000	1295.2	1179.4	465.8
Teen birth per 1,000	41.9	39.0	17.6
Clinical Care			
Uninsured	*11.6%*	11.6%	9.9%
Primary care physicians	Unavailable	1050:1	1120:1
Dentists	Unavailable	1580:1	1360:1
Mental health poviders	Unavailable	280:1	470:1
Preventable hospital stays	Unavailable	62	50
Diabetic monitoring	Unavailable	81.0%	85.0%
Mammograpy screening	80.1%	81.0%	79.4%
Social & Economic Factors			
High school graduation	*81.0%*	80.9%	89.7%
Bachelor's degree or higher	*24.4%*	27.7%	37.3%
Unemployment	*9.6%*	8.6%	5.5%
Children in poverty	*42.3%*	34.6%	13.2%
Children in single-parent households	69.2%	51.2%	32.5%
Violent crime per 100,000	Suppressed	1340.1	452.8
Injury deaths	Suppressed	99	54
Motor vehicle deaths (count)	20	52	459
Drug overdose deaths (count)	133	253	1035
Physical Environment			
Air pollution- particulate matter	10.39	10.15	9.69
Severe housing problems	Supressed	24.0%	17.0%
Properties that are vacant	*19.0%*	18.3%	10.0%
Driving alone to work	*55.0%*	60.4%	73.6%
No Vehicle	*36.3%*	30.0%	9.4%
Italicized= CBSA zip code perecents averaged.			

Appendix 7 – CHNA Survey Results

Demographics

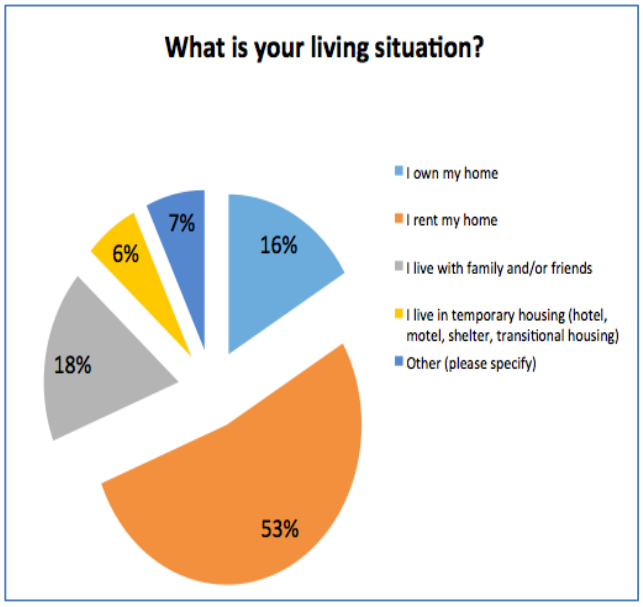


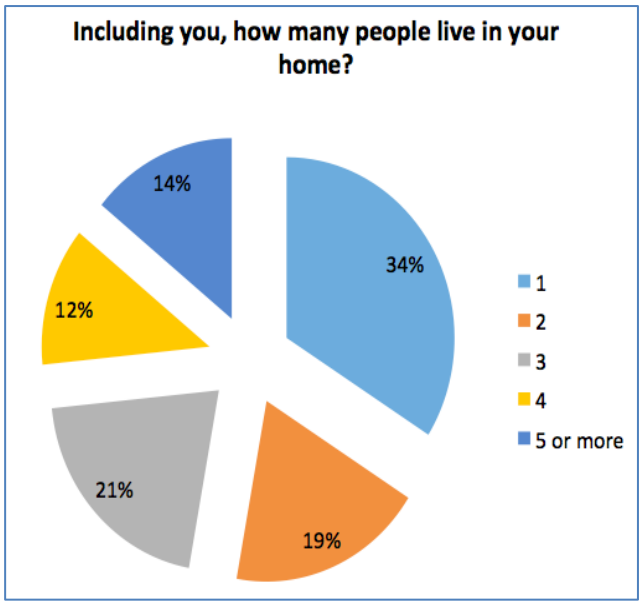


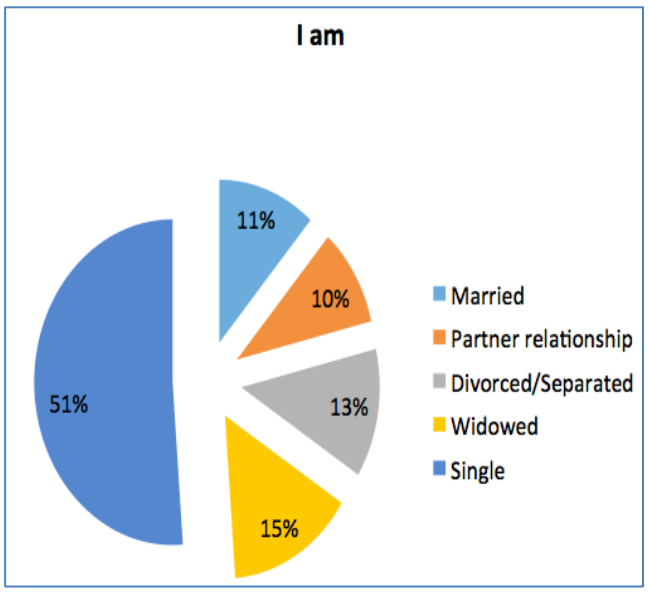


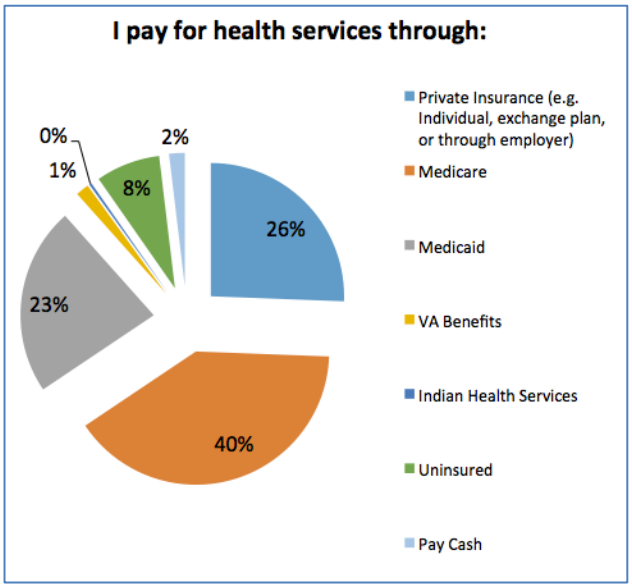
Appendix 7 – CHNA Survey Results Continued

Demographics Continued



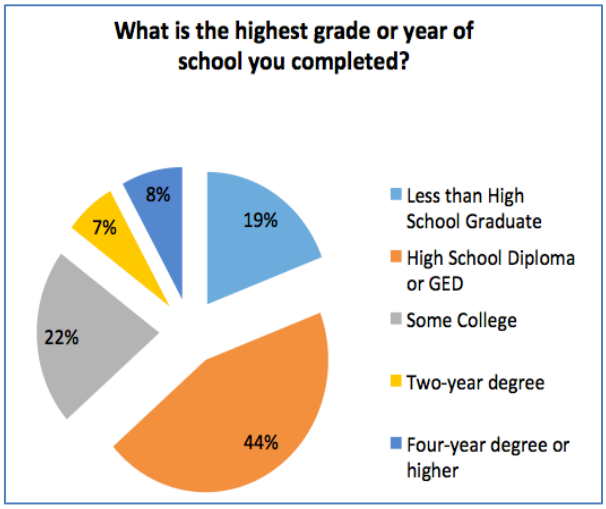


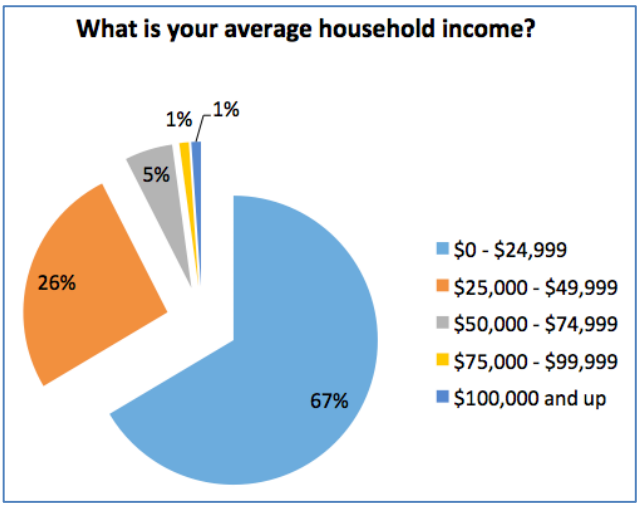




Appendix 7 – CHNA Survey Results Continued

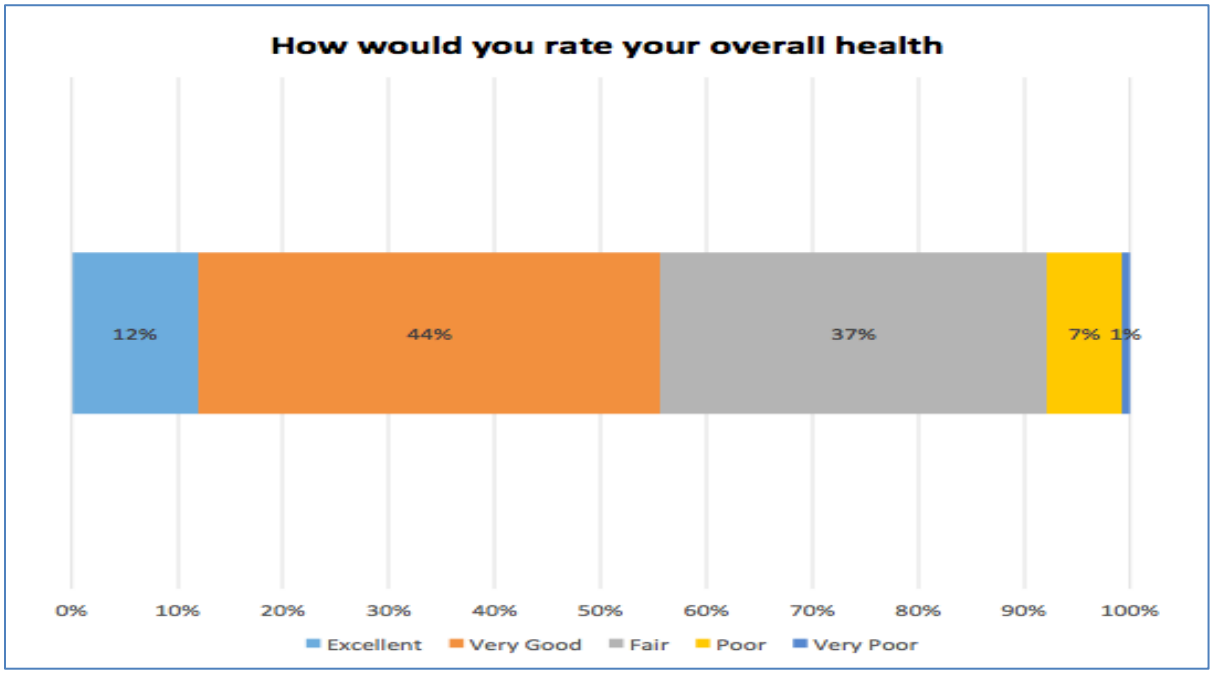
Demographics Continued

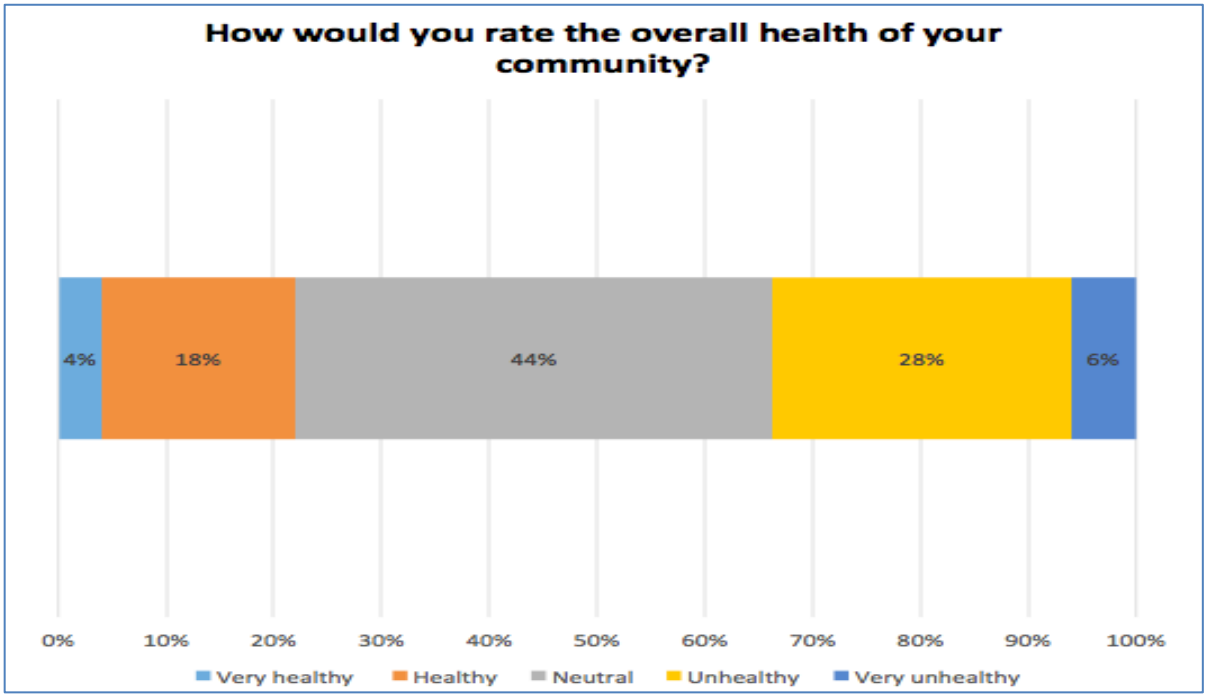




Appendix 7 – CHNA Survey Results Continued

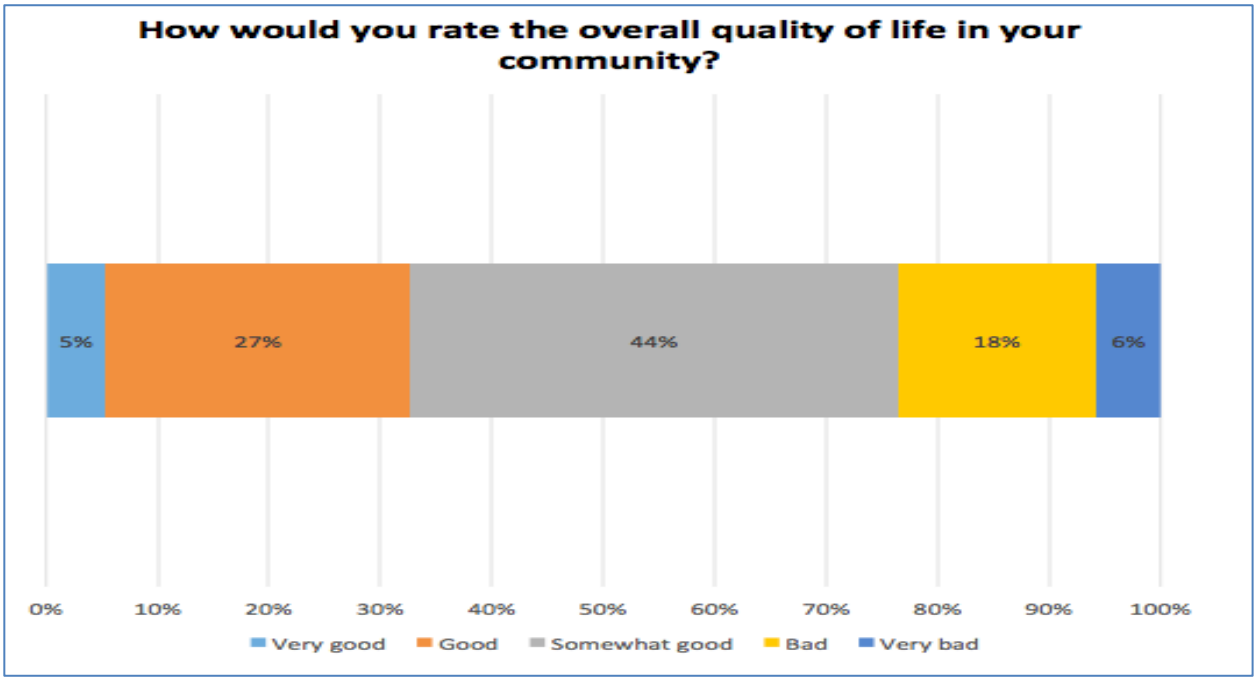
My Community

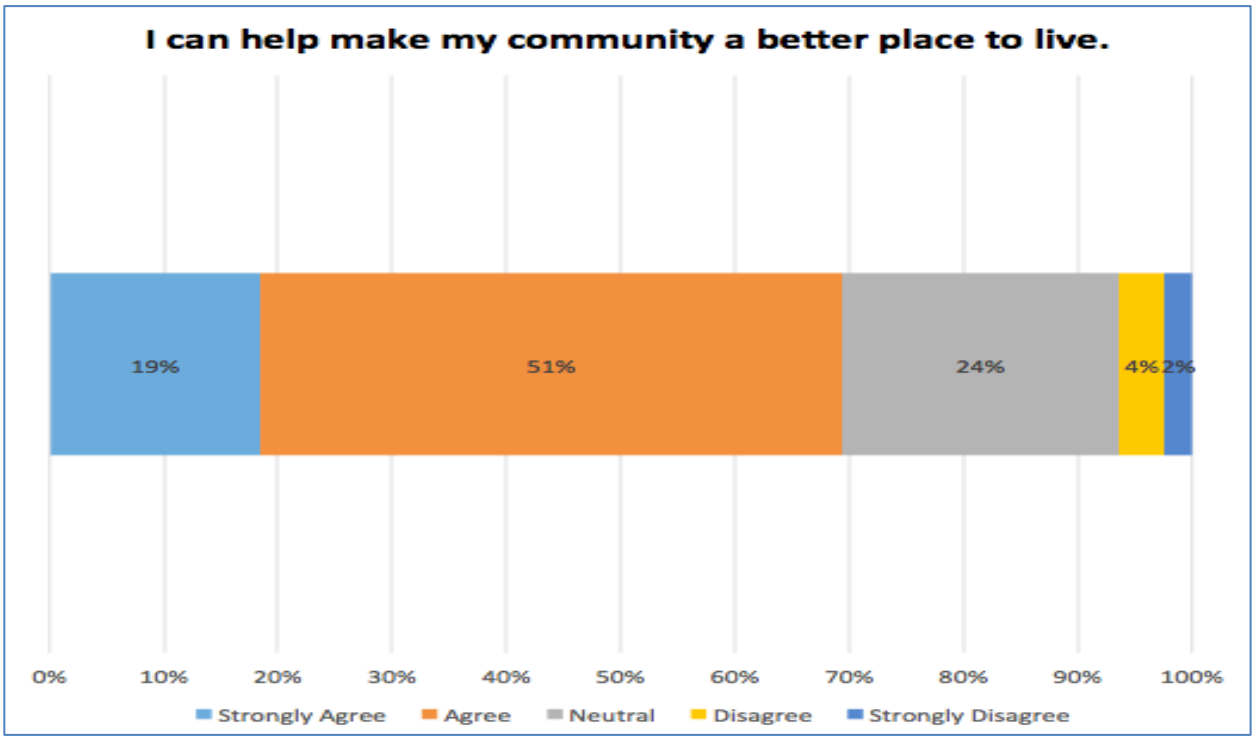




Appendix 7 – CHNA Survey Results Continued

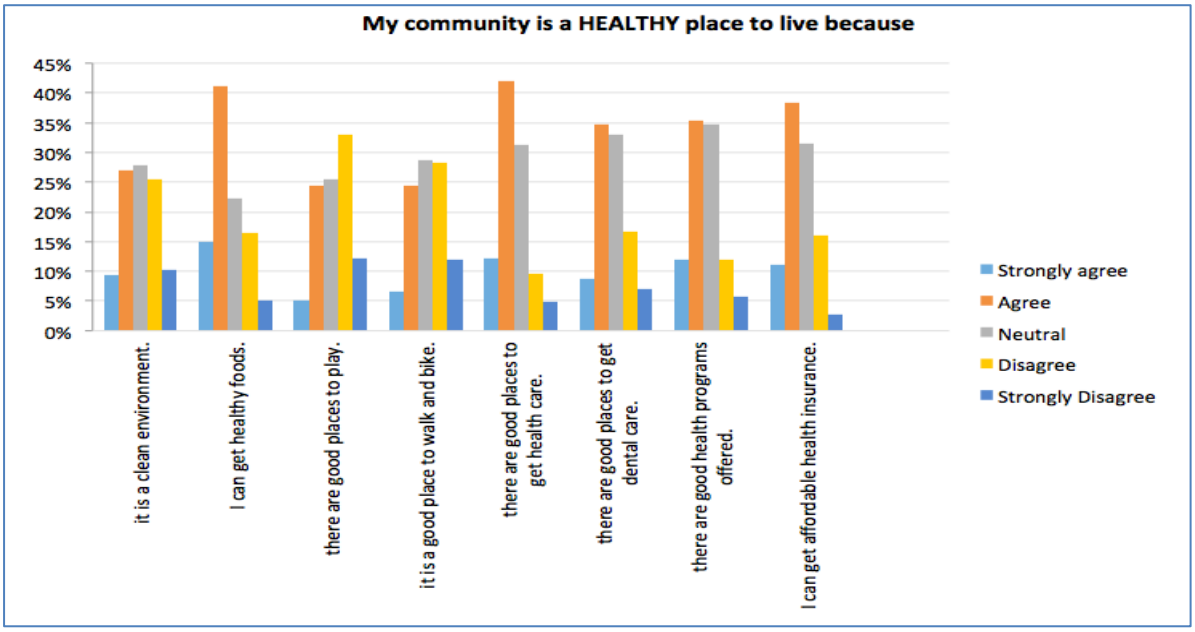
My Community Continued

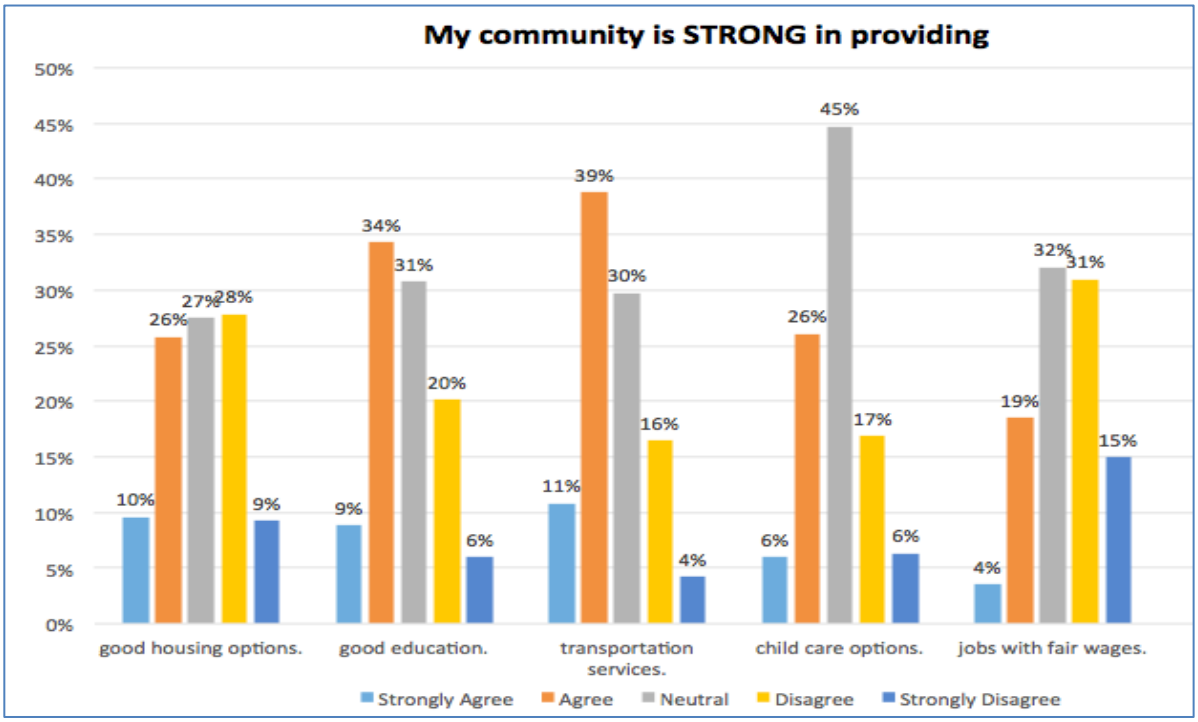




Appendix 7 – CHNA Survey Results Continued

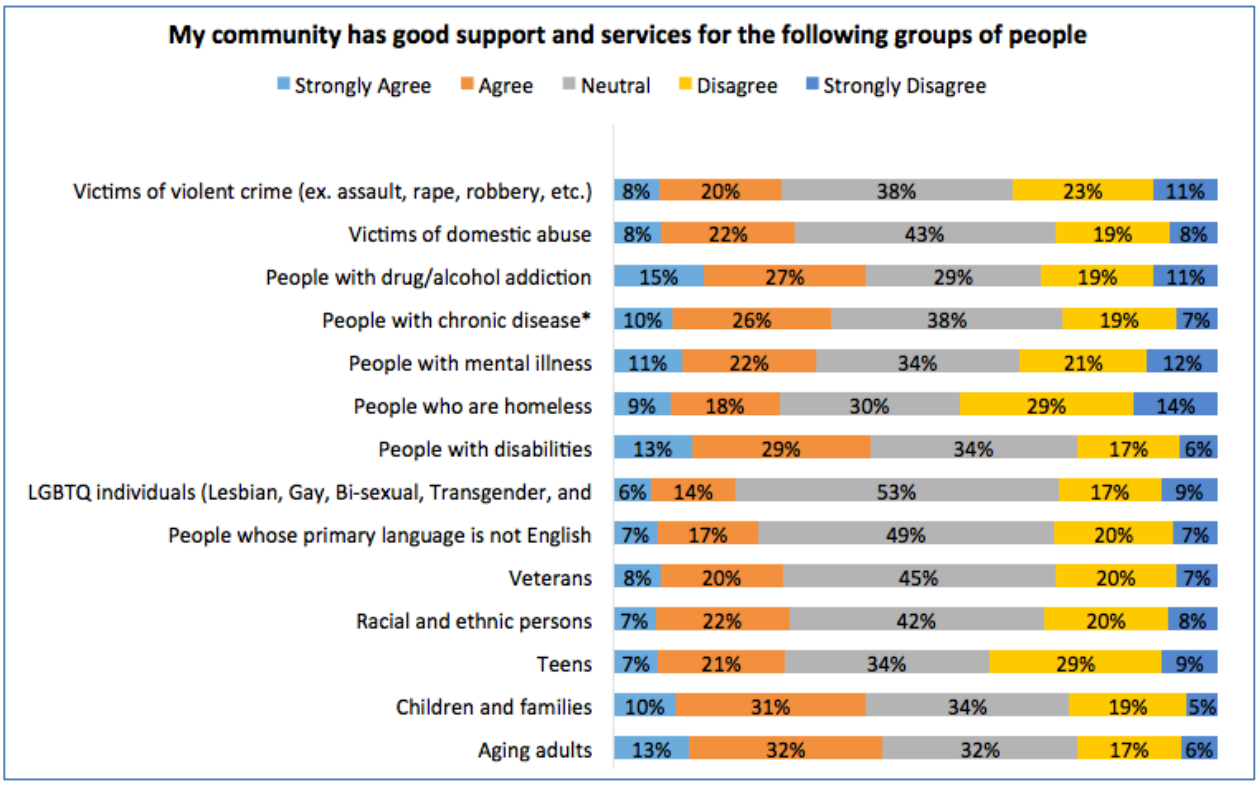
My Community Continued

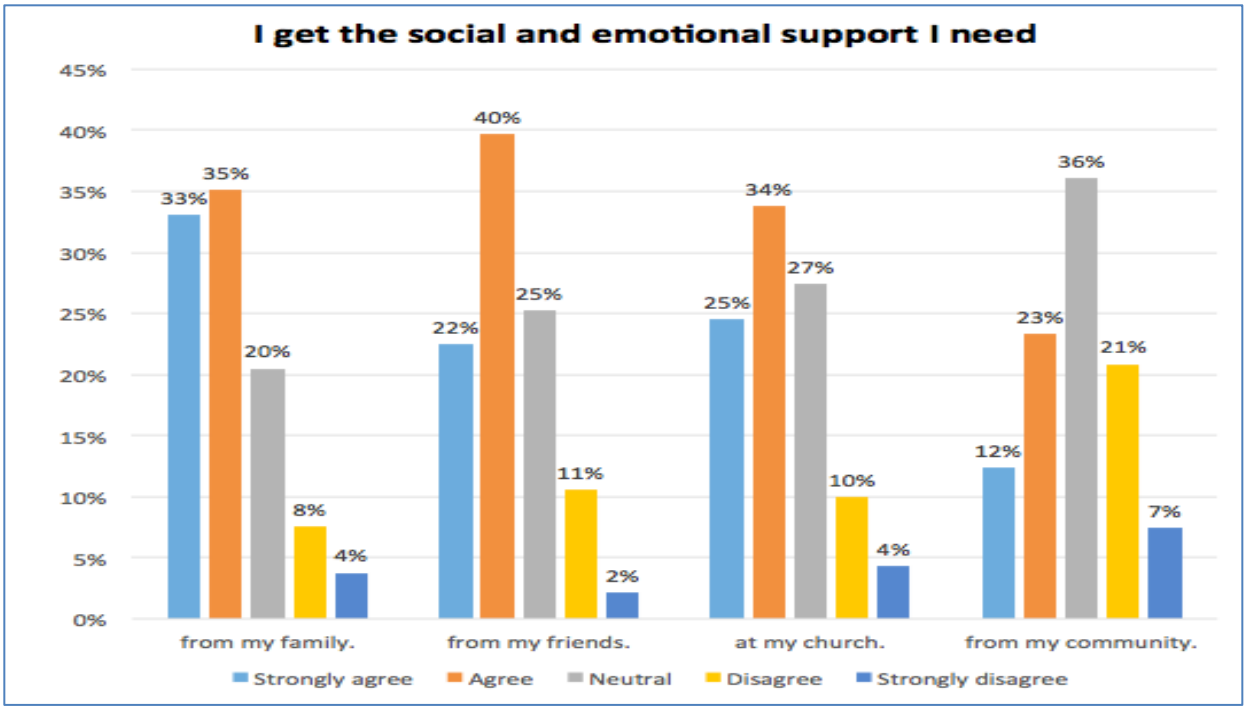




Appendix 7 – CHNA Survey Results Continued

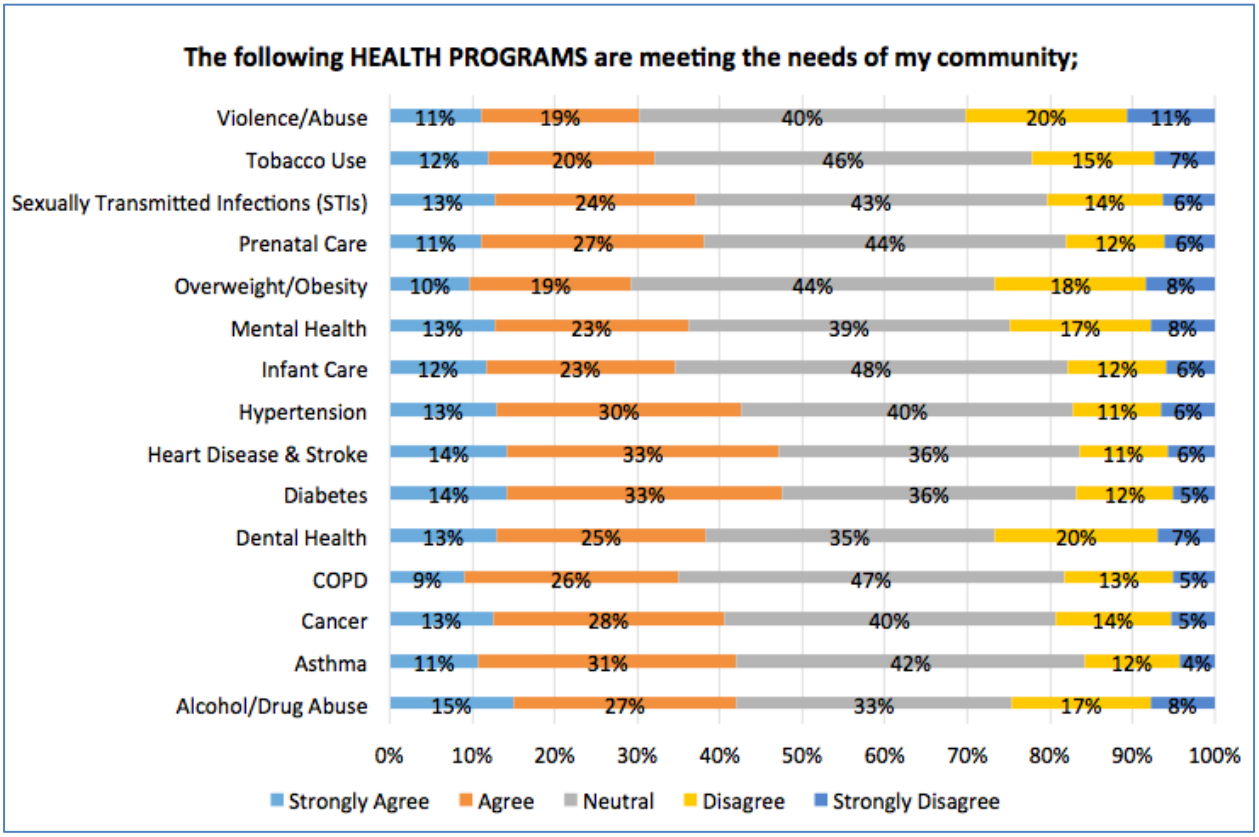
Community Support and Services



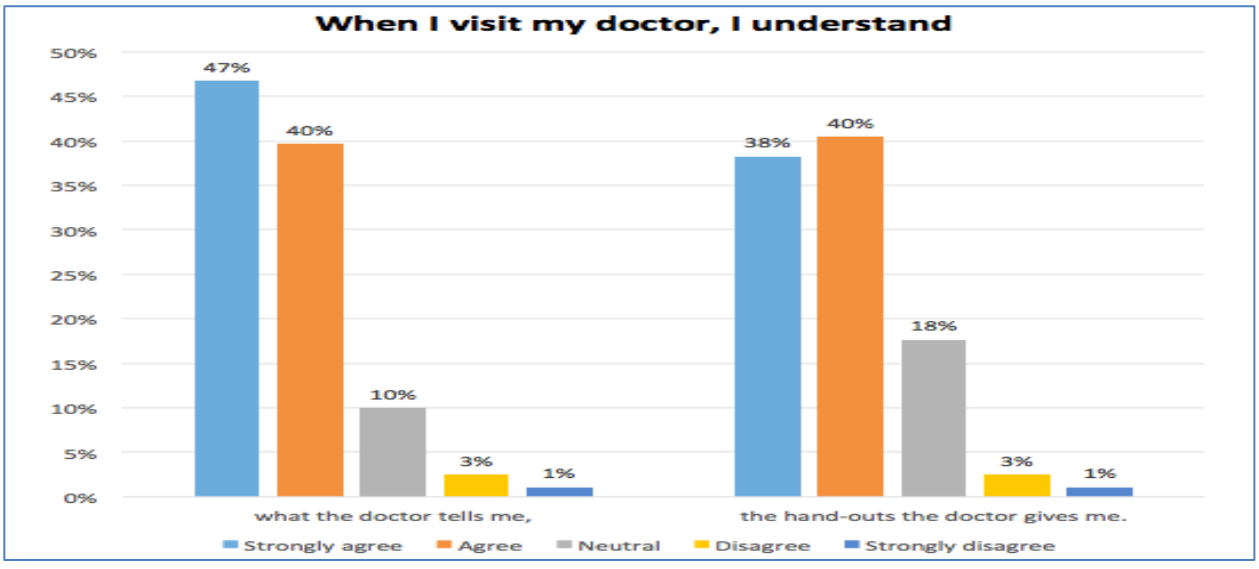


Appendix 7 – CHNA Survey Results Continued

Community Support and Services Continued

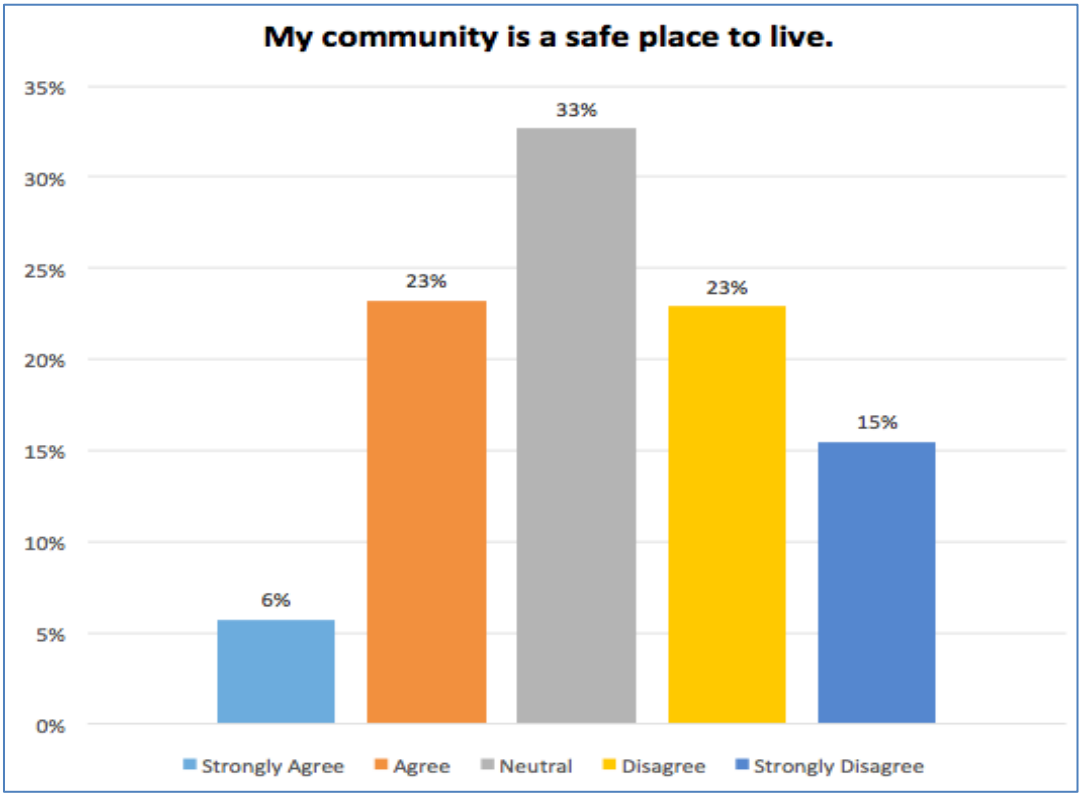


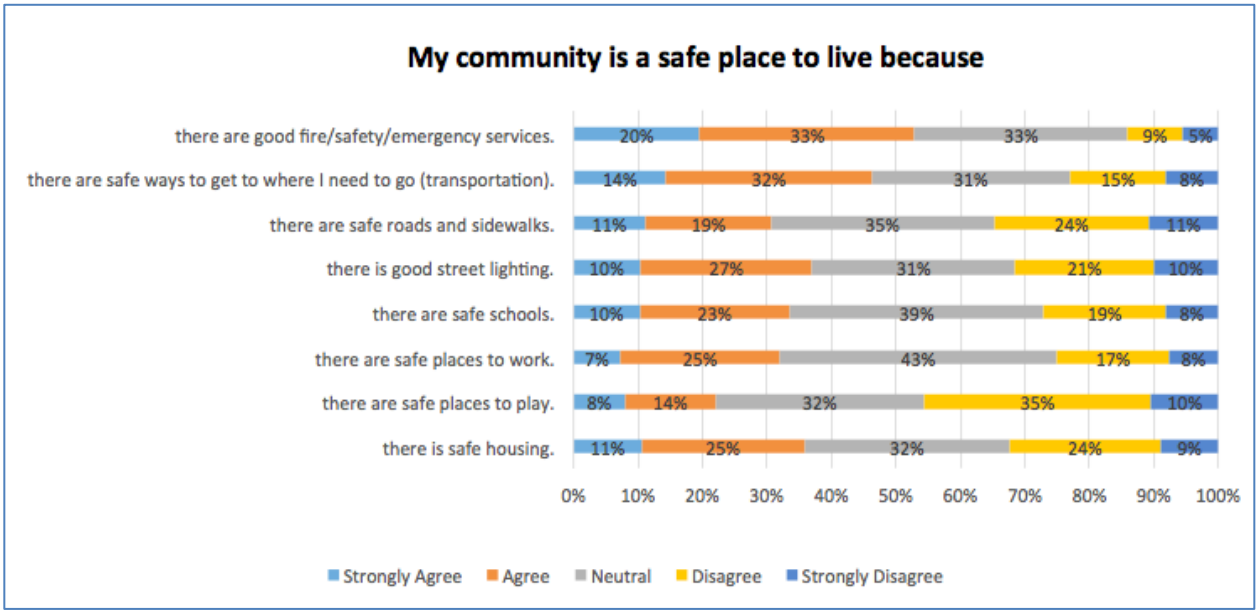
Health Literacy



Appendix 7 – CHNA Survey Results Continued

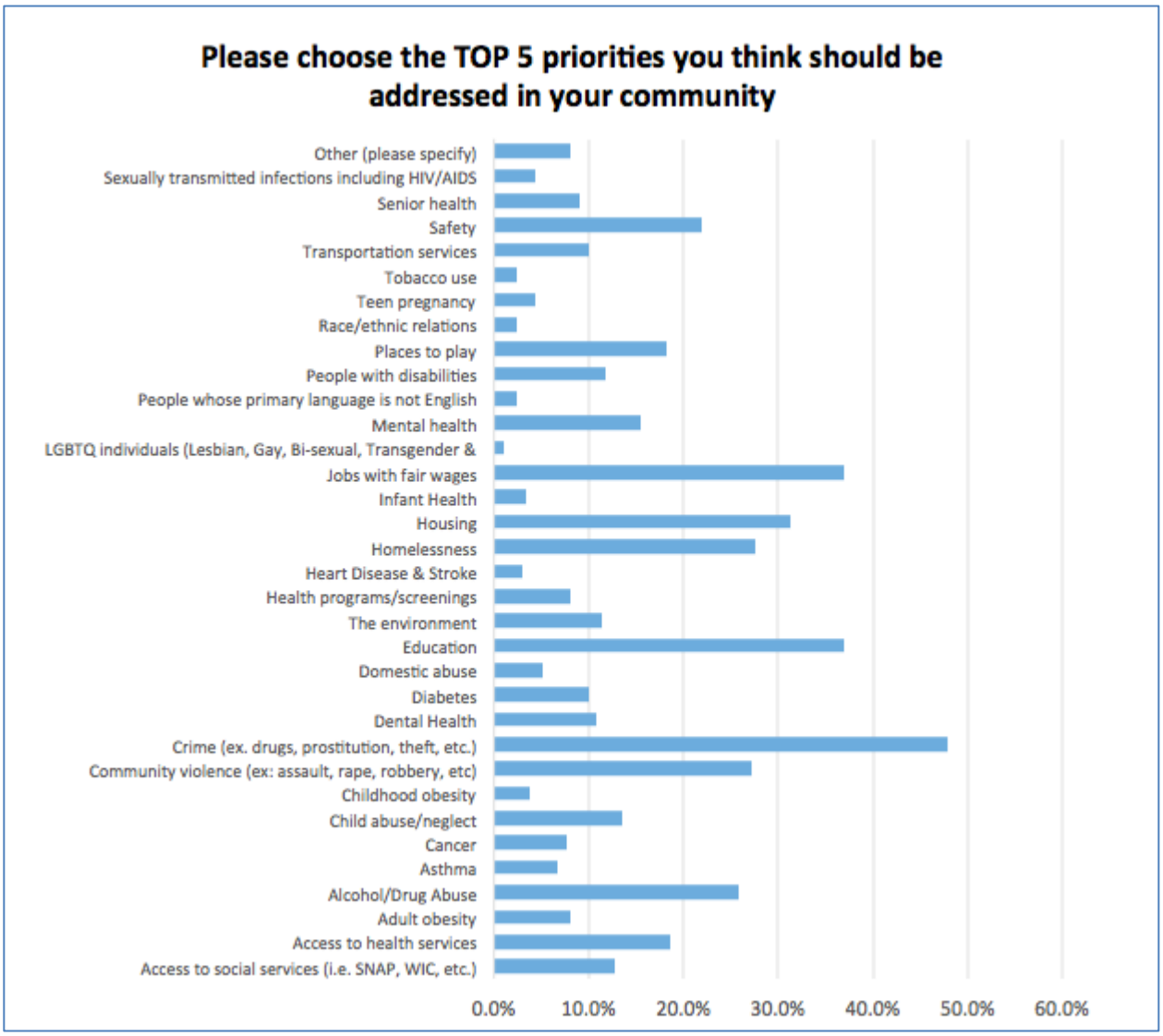
Community Safety





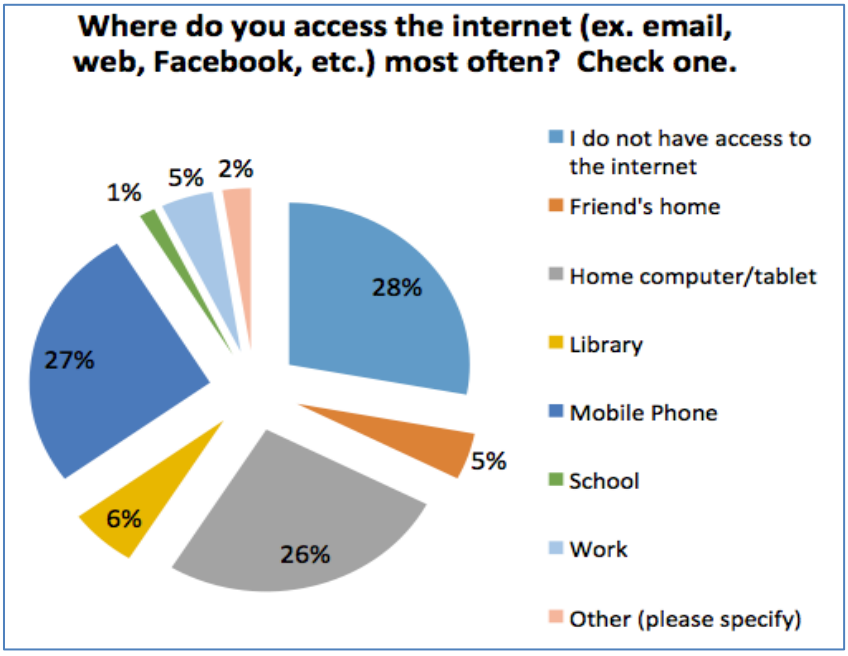
Appendix 7 – CHNA Survey Results Continued

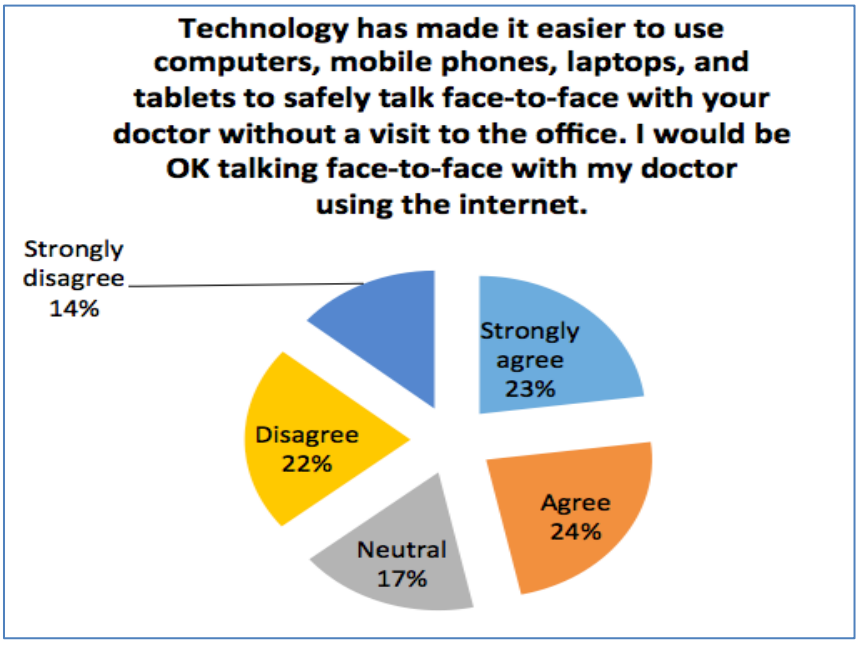
Community Priorities



Appendix 7 – CHNA Survey Results Continued

Technology and Health





Appendix 8 – CHNA Input - Community Residents

Health Needs	Barriers and Challenges	How Can We Help
• Crime • Education • Job with fair wages • Housing • Homelessness • Housing for the Non-Senior/Non-Child in home individuals • Quality of Healthcare in the Community • Mental Health Issues • Addiction • Lack of Insurance • Health Education	• Community Safety • Not enough screenings • Lack of trust • Lack of knowledge regarding the services available within the community • Cost/affordability of health care • Religion and cultural barriers • Health care not a priority for some residents • Lack of education • Lack of safe places to play • Limited community support and services for: – Victims of violent crimes – People with drug/alcohol addiction – People with mental illness – People who are homeless – teens	• More visibility/walk the streets • Meet people where they are – bring services to the community • Provide mobile health buses to give care to people in the community where they live

Appendix 9 – CHNA Input - Community Leaders (Non-Faith Based)

Health Needs	Barriers and Challenges	How Can We Help
• Housing that needs to be condemned; Homeless people living in the housing; Dangerous for kids • High blood pressure • Cancer • Chronic obesity • Heart disease • Diabetes • Alzheimer – not being recognized as a need in West Baltimore • Mental Health • Lack of nutritional awareness	• Residents are scared to go to the hospital/ Patient fear of the unknown/Do not trust • No money to pay for medicine • People cannot read and write • Community residents are unaware of the services • Many residents do not have access to the Internet/computer – need to use flyers in the community • Community resources need to get from behind their desks and come out into the neighborhood • Lack of education and knowledge of what is available • People thinking about the negative versus the positive • Literacy • Healthcare providers afraid of people in the community • Limited Resources to build people up • Help for the disabled • Resources focused on how to eat healthy/nutrition • Preventative care • Many services are only offered from 9a.m.-5p.m. – need weekend and evening hours • Resources to support Alzheimer • Not enough programs for children/ Lack of After school programs for kids • Food dessert – not stressed enough – need a program that reaches the residents; provide more information on healthy eating; how to identify foods that can help them build their bodies up	• Need someone to stand up for the community • Be open and honest • Eliminate food desserts • Need to come together and work as one • Need to take the children off the street • Try to get people to change eating habits and take more time to exercise; get people moving • Need support groups for Alzheimer • Need to build or execute against previous community based initiatives, e.g., Operations ReachOut South West (OROSW) • Have outdoor health fairs to create awareness of what programs/services are available • Getting patients to understand that they have a role not just the doctor • Don't just feed the residents and give away freebies, get them involved in their health • Bon Secours should hold meetings with community business owners on what Bon Secours is trying to do and ask the business owners how they can help • Would like to see Bon Secours be more visible on citywide issues – "Staff need to engage" • Learn more cultural and community competency • Bon Secours/Community Works representatives need to be more visible in the community – participation on the Food Council • Use schools to hold awareness training/conduct screenings

Appendix 10 – CHNA Input - Community Leaders (Faith-Based)

Health Needs	Barriers and Challenges	How Can We Help
• Care for the elderly • Cost of care • Lack of quality healthcare in the community • Nutrition and health and wellness • Mental health • Substance Abuse • Lack of healthcare Resources directly on the streets and in the neighborhoods • Crime and related Trauma • Housing conditions	• Mistrust of the medical profession • Discrimination in healthcare/ Treated differently if you do not have insurance • Quality of care too sporadic • Being able to privately access information about their health needs • Community has a misconception on what being healthy means • Need credible messengers to lead the change • Food Desserts and Food Swamps • Opioid and substance abuse -The users and their families are heavily affected • Not having access to good providers	• Solicit and allocate funds based on the needs of the community • Provide more preventive services to improve the quality of care • Get out into the community and show that they care • Provide mobile medical services • Put a stronger emphasis on mental health issues • Be transparent and communicate with the community • Unify all the work they do in the hospital and Community Works • Grass roots efforts need to be made • Create a marketing campaign to address the work that is happening in the hospital and community works • Improve customer relationship management; Speak with patients and those who participate in Community Works programs to get some positive testimonials • Evolve with the community that they serve/Adapt new ways of communicating with the community

Appendix 11 – CHNA Input - Community Stakeholders

Health Needs	Barriers and Challenges	How Can We Help
• Crime and related trauma • Housing • Access to quality healthcare • Financial challenges – Lack of economic empowerment • Poverty • Substance Abuse • Mental Health Issues • Poorly coordinated community services and programs and tie into healthcare conditions and support/no data regarding "feeders" and intervention impacts	• Community does not understand what resources are available through Bon Secours • Lack of church engagement in improving the overall health and well-being of the community	• Provide a health care advocate for re-entry residents • Get more involved with families in the community • Provide support for mental health issues, e.g., psychologists, psychiatrist, etc. • Focus on community perception of quality of care • Clearly define and measure relationships across the hospital's Community Services and measure impacts of Programs on the overall health and well being of the community • Demonstrate and map how patient population at the hospital flows and moves through Community Services provided and visa versa • Improve level of collaboration and communication throughout the community • Seek formal Advisory support in addressing Community focus and health of the community • Better define Hospital Services and Services provided through works • Enhance training and support provided to resources in the Community • Follow-up on and communicate actions from feedback obtained

Appendix 12 – CHNA Input - Community Health Care Providers

Health Needs	Barriers and Challenges	How Can We Help
• Access to primary care – Not enough primary care physicians – Lack of transportation – No money to pay for prescriptions – Health literacy problem – need to increase level of community knowledge • Diabetes • Cardiovascular Disease • Mental Health • Substance Abuse • Healthcare maintenance well being • Crime rates • Lack of employment opportunities • Increased access to healthy foods	• Transportation so that people can get to care • Lack of providers – need more capacity in the system, i.e., Primary care providers, particularly for children • Lack of information and a proper way to communicate to residents about what is available • Lack of Grocery stores • Lack of places to exercise safely • Lack of Diabetes educational resources • Many of the nonprofit partners, such as Community Works, the UMB Community Engagement Center, the James McHenry Rec Center, and Paul's Place, are not being used to their capacity because residents either do not know that they exist or are unfamiliar with them	• Increase access to care - Providers who are willing to work in the community • Access to health literacy – Need to raise the bottom of health knowledge in the community • Build infrastructure for health • Eliminate food deserts • Provide healthy places to exercise • Provide access to health care education

Appendix 13 – CHNA Input - Public Health Department

Health Needs	Barriers and Challenges	How Can We Help
• Chronic disease • Behavioral Health • Transportation safety • Poor food quality • State and City are lacking data by zip codes • Addressing socio-economic determinants • Mental Health issues	• Poverty • Using DHMH Population Health Office to provide advisory support and resource identification to address problems/trends • Available resources and funding • Community has been studied to death with no resulting change • There is also very little community driven effort	• Provide programs like the HEZ • Collaboration across the city • Address Behavioral health - determine the real time capacity for treatment on demand • Provide access to fresh and health foods • Teach community members how to prepare the fresh food • Provide Safe Street sites

Appendix 14 – Local Non-Profit Partners

- African American Health & Wellness Festival
- Alzheimer's Association
- American Cancer Society
- American Diabetes Association
- American Heart Association
- Associated Black Charities
- Baltimore Efficiency & Economy Foundation
- Blackdoctor.org
- Boyd-Booth Concerned Citizens
- Boy Scouts of America
- Catholic Charities
- Celebration Church
- Center for Urban Families
- Central Baptist Church
- Chesapeake Center for Youth Development
- Community Law Center
- Coppin State University
- Coppin University Foundation
- Civic Works
- Fayette Street Outreach Organization
- First Mount Calvary Baptist Church
- Franklin Square Community Association
- Greater Baltimore Committee
- Greater Mondawmin Coordinating Council
- Healthcare for the Homeless
- The Journey Home – Mayor's Fight to End Homelessness
- Kaiser Permanente
- Mayor's Office of Economic & Neighborhood Development
- MedChi (Maryland State Medical Society)
- Mount Lebanon Baptist Church
- My Brother's Keeper
- NAACP
- Neighbor to Family
- Open Society Institute
- Operation ReachOut Southwest
- Paul's Place
- Pigtown Main Street
- Reginald F. Lewis Museum
- Rosa Pryor Music Scholarship Fund
- Saint James United Methodist Church
- Sisters Academy
- Southwest Partnership, Baltimore
- Susan Cohan Colon Cancer Foundation
- Transfiguration Catholic Church
- United Way of Central Maryland