



**Maryland General Hospital
Community Health Needs Assessment**

2012

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Approved by the Community Benefit Committee of the Board of Directors

Contents

I. Overview of Maryland General Hospital

II. The Community We Serve

III. 2012 Community Health Needs Assessment

Approach and Resources

- i. UMMS City-based Hospital Community Needs Survey**
- ii. Community Meetings Persons Representing the Broad Interests of the Community**
- iii. National Healthcare Disparities Report**
- iv. Maryland State Health Improvement Process (SHIP) Plan**
- v. Healthy Baltimore 2015 Plan**
- vi. 2012 County Health Outcomes & Roadmaps**

IV. Findings

V. Response to Findings – FY 2013 Community Benefit Priorities and Implementation Plan

VI. Attachment- UMMS City-based Hospital Community Needs Survey Tool

Overview of Maryland General Hospital

Maryland General Hospital, part of the University of Maryland Medical System, is a non-profit, 200-bed urban community teaching hospital and. Founded in 1881, Maryland General is located in West Baltimore and provides inpatient and outpatient care to approximately 155,500 patients each year. In FY 2011, the hospital had 10,457 inpatient discharges and 144,986 outpatient visits, including 29,942 visits to the emergency room.

In line with our organizational mission, Maryland General Hospital has a long history of and commitment to working to improve the health status the community we serve. The primary goal of our community benefit efforts is to identify and respond to unmet community health needs, especially for the vulnerable and underserved individuals and families. Maryland General aligns services and allocates its resources accordingly.

Maryland General was one of the first Baltimore City hospitals to establish a dedicated center for community outreach. Our Community Health Education Center (CHEC) offers free education, prevention, and screening to those who face significant barriers to obtaining high quality and affordable care. At the request of community-based organizations and leaders, CHEC attends nearly 70 events per year in Baltimore City. In total, **13,647 free screenings** were performed in fiscal year 2011 (July 1, 2010 – June 30, 2011) at community events or at the CHEC office on the Maryland General Hospital campus. CHEC is open for free services to the community from 8am to 5pm, Monday through Friday, and can be reached by calling (410) 225-8495.

As part of the University of Maryland Medical System, Maryland General is a major sponsor of two UMMS events – *Take a Loved One to the Doctor Day* and *Spring into Good Health*. Each of these health fairs attracts more than 1,500 community residents. We offer on-site screenings for vascular disease, glaucoma, high blood pressure and cholesterol, HIV, and diabetes as well access to prevention and wellness information. Free prostate screenings and flu shots have also been offered to attendees, who, without a fee, could ask our participating physicians and other providers questions about their specific health concerns.

As supported by the findings contained in this assessment, a significant obstacle to many community residents obtaining needed healthcare is lack of personal transportation or money for public transportation to get to and from medical appointments. To improve our patients' access to care, Maryland General employs two full-time drivers to pick-up and drop-off patients who cannot get to the hospital otherwise. This service is provided at no charge to our patients. If the drivers are not available, we instead provide bus tokens and cab fare for those who are in need. Over 6,600 patients used the Maryland General Hospital transportation service in FY 2011.

Maryland General Hospital is committed to making sure those patients who do not have insurance or other financial resources have access to medically necessary hospital services. The Maryland General Financial Assistance Program implements our clear and comprehensive policy to assess the needs of every patient that states they are experiencing financial hardship or that it is beyond their financial ability to pay for services rendered. The Hospital makes every effort to make financial assistance information available to our patients and assist them with the application process. Our experienced staff works closely with all self-pay patients to determine if they are eligible for financial assistance and/or health insurance through Medicaid. During fiscal year 2011 Maryland General Hospital assisted 1,966 patients with health insurance enrollment.

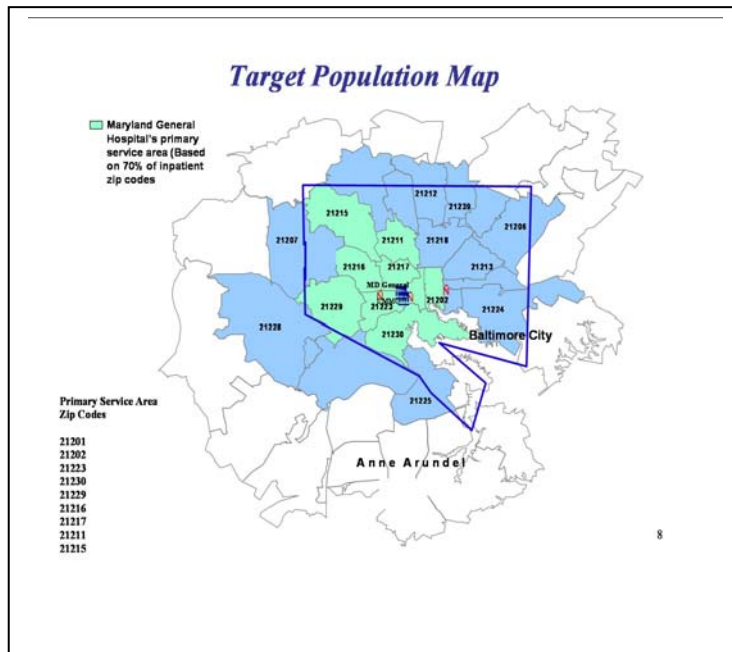
Maryland General fully integrates community service into our governance and management structures. The Community Benefits Committee, a sub-committee of the Board of Directors, provides oversight and approval of community benefit initiatives, and leadership is held accountable for planning, budgeting, implementation and evaluation of community benefit activities.

Maryland General is a member of the University of Maryland Community Outreach and Advocacy Team. This group was established by The University of Maryland Medical System and meets bi-weekly to address the health care needs of the Baltimore community. It is comprised of community outreach management and staff, social workers, directors, vice presidents, and physicians from UMMS hospitals. The group determines which needs are to be addressed as well as community involvement and activities each year.

On an ongoing basis, Maryland General participates in a variety of coalitions, commissions, committees, and other forums where community health needs are the focus. During outreach events, MGH employees spend time in the community and bring back first-hand information about community needs which is considered in our planning process.

The Community We Serve

Ninety percent (90%) of all admissions to Maryland General Hospital are from Baltimore City, with 63% originating from the primary service area of West Baltimore. The Hospital's primary service area is depicted below.



Maryland General Hospital's primary service area includes the following zip codes:

21201	21202
21207	21215
21216	21217
21218	21223
21229	21230

Maryland General serves a community with a disproportionate share of Medicare and Medicaid recipients and persons who are uninsured. In fiscal year 2011, Maryland General Hospital had the highest percentage of inpatients with Medicaid as the primary insurer in the State of Maryland (48%). For the same period, Maryland General also had the highest combined percentage of inpatients with Medicare or Medicaid as primary insurer or who were self-pay (91%). Lastly, Maryland General had the 5th highest percentage of inpatients with medical conditions of a severity classified as "major" or "extreme" according to the APR Severity Index scale. The percentage of patients with health conditions that fall into these two severity levels has increased during fiscal year 2012.

According to 2011 population estimates, Baltimore City's population was at 642,198.¹ African Americans or Blacks make up 62.77% of Baltimore City's population (81.5% of patients treated at Maryland General during fiscal year 2011 were African American). Whites comprise 31.84% of the population, followed by Hispanic or Latino representing 3.16%. The remaining racial makeup is comprised of Asian, American Indian, Native Hawaiian/Pacific Islanders and other races.²

¹ Pop-Facts: Demographic Snapshot 2011 Comparison Report

² Pop-Facts: Demographic Snapshot 2011 Comparison Report

Maryland General Hospital's Target Population by gender, race, and average age – Baltimore City

(Source: Pop-Facts: Demographic Snapshot 2011 Comparison Report; Baltimore City)

Gender

2011 Est. Population by Sex	642,198
Male	300,189 46.74
Female	342,009 53.26

Race

2011 Est. Pop by Single Race Class	642,198
White Alone	204,463 31.84
Black or African American Alone	403,115 62.77
Amer. Indian and Alaska Native Alone	2,252 0.35
Asian Alone	12,568 1.96
Native Hawaiian and Other Pac. Isl. Alone	316 0.05
Some Other Race Alone	7,016 1.09
Two or More Races	12,468 1.94

2011 Est. Pop Hisp or Latino by Origin	642,198
Not Hispanic or Latino	621,912 96.84
Hispanic or Latino:	20,286 3.16
Mexican	7,276 35.87
Puerto Rican	2,406 11.86
Cuban	764 3.77
All Other Hispanic or Latino	9,840 48.51

Age

2011 Est. Population by Age	642,198
Age 0 - 4	45,306 7.05
Age 5 - 9	41,305 6.43
Age 10 - 14	35,665 5.55
Age 15 - 17	23,538 3.67
Age 18 - 20	31,772 4.95
Age 21 - 24	37,340 5.81
Age 25 - 34	110,665 17.23
Age 35 - 44	81,919 12.76
Age 45 - 54	85,637 13.33
Age 55 - 64	70,788 11.02
Age 65 - 74	42,333 6.59
Age 75 - 84	25,545 3.98
Age 85 and over	10,385 1.62
Age 16 and over	512,009 79.73
Age 18 and over	496,384 77.29
Age 21 and over	464,612 72.35
Age 65 and over	78,263 12.19

2011 Est. Median Age	34.59
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2011 Est. Average Age	37.00
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Median Household Income within the CBSA – Baltimore City

2011 Est. HHs by HH Income	253,933
Income Less than \$15,000	56,984 22.44
Income \$15,000 - \$24,999	33,610 13.24
Income \$25,000 - \$34,999	30,720 12.10
Income \$35,000 - \$49,999	39,761 15.66
Income \$50,000 - \$74,999	42,096 16.58
Income \$75,000 - \$99,999	22,297 8.78
Income \$100,000 - \$124,999	12,851 5.06
Income \$125,000 - \$149,999	5,572 2.19
Income \$150,000 - \$199,999	4,519 1.78
Income \$200,000 - \$499,999	4,446 1.75
Income \$500,000 and more	1,077 0.42
2011 Est. Average Household Income	\$51,752
2011 Est. Median Household Income	\$37,132
2011 Est. Per Capita Income	\$20,777

Percentage of households with incomes below the federal poverty guidelines within the community benefit service area – Baltimore City	16.2% Source: Pop-Facts: Demographic Snapshot 2011 Comparison Report; Baltimore City
Percentage of uninsured people within community benefit service area – Baltimore City	14.2% Source: http://smpbff1.dsd.census.gov/TheDataWeb_HotReport/servlet/HotReportEngineServlet?reportid=fb84a1c1c6b0589a25b2c5d3bc2598fb&emailname=saeb@census.gov&filename=sahie07_county.hrm
Percentage of Medicaid recipients within community benefit service area – Baltimore City	12.8% Source: Maryland Department of Health & Mental Hygiene

2012 Community Health Needs Assessment

Approach and Resources

In fiscal year 2012 Maryland General partnered with other city-based hospitals within the University of Maryland Medical System (Medical Center, Kernan Orthopaedic and Rehabilitation, Mt. Washington Pediatric, Maryland General), to conduct a full-scale needs assessment. The following resources were utilized to complete the assessment:

- UMMS City-Based Hospitals Community Needs Survey
- Community meetings with persons representing the broad interests of the community
- National Healthcare Disparities Report (Agency for Healthcare Research and Quality)
- Maryland State Health Improvement Process (SHIP) Plan
- Healthy Baltimore 2015 (Baltimore City Health Department)
- 2012 County Health Outcomes & Roadmaps

UMMS City-based Hospitals Community Needs Survey

The survey was designed to obtain feedback from the community about health-related concerns. It was administered as follows:

- Via Paper Survey
Paper surveys were administered during community events, including the UMMS-sponsored *Take a Loved One to the Doctor Day* and *Spring Into Good Health* fairs, *B'More Health Expo*, and other local community health fairs, and in MGH ambulatory care practices. The survey was also included in the Spring issue of *HealthBeat*, Maryland General Hospital's community newsletter, which is mailed to 40,000 households in our primary service area. A sample of the survey tool is an attachment to this report.
- Via the Intranet
An electronic form of the survey was administered through a link that was prominently placed on websites of the participating hospitals.

Community Meetings with Persons Representing the Broad Interests of the Community

Representatives from Maryland General Hospital held meetings and attended community events to discuss health-related needs and priorities of our common communities and opportunities for working together. These sessions included the following:

- Meetings with religious and school leaders from churches and schools in Maryland General's service area:
 - Furman Templeton Elementary, Samuel F.B. Morse Elementary, Booker T. Washington Middle, Eutaw-Marshburn Elementary, Mt. Royal Elementary, Franklin Square Elementary/Middle
 - Pennsylvania Avenue AME Zion, Sharp Street United Methodist, Macedonia Baptist, Trinity Baptist, St. James Episcopal, Douglas Memorial Community, Union Baptist, Enon Baptist, Bethel AME, Madison Avenue Presbyterian, Providence Baptist
- Attending the Baltimore City Health Department's *Your Community... Your Health* meetings. Representatives from city-based hospitals within the University of Maryland Medical System (University of Maryland Medical Center, Kernan, Mt. Washington Pediatric, Maryland General) attended meetings conducted in our primary service areas
- UMMS-sponsored meetings with community representatives.

National Healthcare Disparities Report

In 1999, Congress directed the Agency for Healthcare Research and Quality (AHRQ) to produce an annual report that tracks "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations." Titled the *National Healthcare Disparities Report* (NHDR), this report examines disparities in health care among designated priority populations. The referenced priority populations consist of groups with unique health care needs or issues that require special focus, such as racial and ethnic minorities, low-income populations, and people with special health care needs.

Maryland State Health Improvement Process (SHIP) Plan

The goal of the State Health Improvement Process (SHIP) is to provide a framework for accountability, local action, and public engagement to improve the health status of Marylanders. The SHIP includes 39 measures in 6 vision areas (healthy babies, healthy social environments, safe physical environments, infectious disease, chronic disease, healthcare access) that represent what it means for Maryland to be healthy.

Healthy Baltimore 2015

In Spring 2009, the Baltimore City Health Department conducted a community health survey. As stated in the *Summary Results Report* released by the Department, "the main goals of the survey were to: assess health needs of city residents, identify gaps in access to health services, and to assess the use and perception of city health services." The community health survey was followed up with a report entitled *Healthy Baltimore 2015*. *Healthy Baltimore 2015* is the Baltimore City Health Department's comprehensive health policy agenda, articulating its priority

areas and indicators for action. This plan highlights where the largest impact can be made to reduce morbidity and mortality and improve the quality of life for city residents. It includes data showing significant health disparities by race, gender, education, and income, and identifies opportunities for addressing such inequities. *Healthy Baltimore 2015* sets specific goals for reducing deaths from serious illnesses such as heart disease, cancer, HIV/AIDS and diabetes. It also addresses behavioral and nutritional issues that impact health, such as smoking, alcohol abuse, drug addiction and obesity. While the focus of this report is Baltimore City health indicators, it contains useful comparisons to state-wide and national prevalence rates as well. After the report was released Dr. Oxiris Barbot, Baltimore City Commissioner of Health, met with the leaders of Baltimore City hospitals and encouraged partnering with each other and community-based organizations to develop and undertake initiatives to assist with meeting the targeted health improvement goals delineated in *Healthy Baltimore 2015*.

2012 County Health Outcomes & Roadmaps

County Health Rankings measures and compares the health of counties/cities within a state. Four types of health factors are measured and compared: health behaviors, clinical care, social and economic, and physical environment factors. Health outcomes are used to rank the overall health of each county and city.

Findings

Results Summary of the UMMS City-Based Hospitals' Community Health Needs Survey

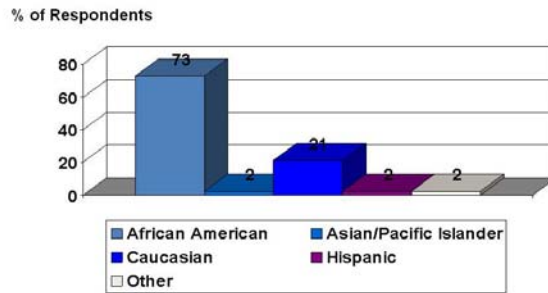
Demographics

The majority of respondents to the UMMS City-Based Hospital Community Needs Assessment were African-American (73%). The combined total for Caucasians, Hispanics Asian/Pacific Islanders and others was under 30%. Across the specific zip codes in Maryland General's primary service area, an even more substantial majority of respondents were African American.

Sixty percent (60%) of all respondents were age 51 and over, and 40% were age 18 to 50. The age range of respondents in Maryland General's primary service area was more varied (a larger percentage was between the ages of 21-50 compared to respondents of all zip codes included in the study).

Baltimore City: All Zips

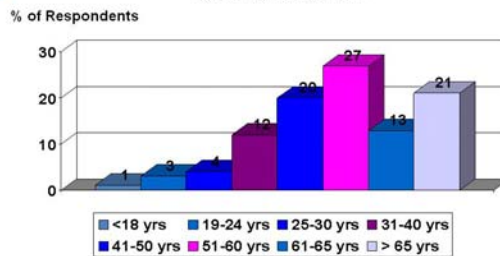
Racial Composition



N = 871

Baltimore City: All Zips

Age Group Composition

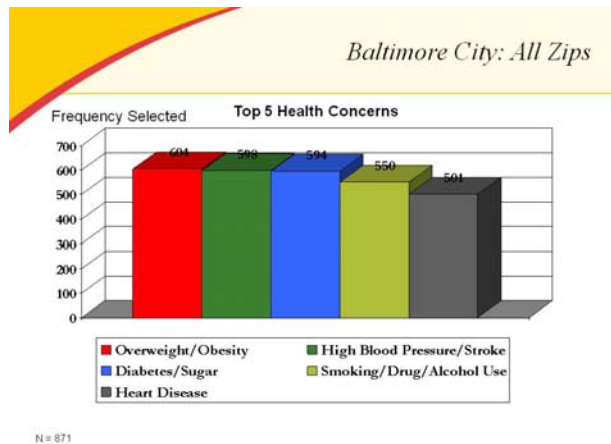


N = 871

Top 5 Health Concerns

The top five health concerns among respondents to the UMMS City-Based Hospital Community Needs Survey were identified as:

- overweight/obesity
- high blood pressure/stroke
- diabetes/sugar
- smoking/drug/alcohol use
- heart disease



Overweight/Obesity

Obesity is a serious public health issue in Baltimore. It was ranked the number one health concern by respondents to the survey. In addition, 34% of respondents to the Baltimore City 2009 Community Health Survey reported being obese, with women 36% more likely than men to report so. Those in the lowest income bracket were 2.4 times more likely to report being obese. 14% of respondents also reported having diabetes, with a significantly higher prevalence among African Americans.

Diabetes/Sugar & High Blood Pressure/Stroke/Heart Disease

According to the American Diabetes Association, 25.8 million children and adults in the United States—8.3% of the population—have diabetes. In Baltimore, 11.7% of adults have been diagnosed with diabetes.³ In Maryland, diabetes is the 6th leading cause of death.⁴ According to DHMH, diabetes was the primary cause of death of 1,198 people in 2009, representing 2.7% of all deaths. This is likely underestimated because diabetes also contributes to many deaths from heart disease, stroke and kidney disease.

Diabetes was identified as a major concern of the survey respondents, ranking between 1st and 5th in importance in zip codes within Maryland General's primary service area.

Smoking/Drug/Alcohol Use

Smoking and drug and alcohol abuse represent significant health problems in Baltimore, ranking between 2nd and 5th in importance in zip codes within Maryland General's primary service area.

- *According to the 2009 Community Health Survey and Healthy Baltimore 2015, approximately 28% of the adult population on Baltimore are smokers. Tobacco use is a major contributor to early heart attacks, strokes, chronic lung disease and certain forms of*

³ Source: Centers for Disease Control

⁴ (Source: Chronic Disease in Maryland, March 2011, DHMH)

cancer. It is also one of the most preventable causes of death and disease in men and women. Of the adult smokers in Baltimore, those in the lowest income bracket (<\$15,000) were most likely to smoke (36%); those in higher income brackets (\$75,000+) were less likely to smoke (15%).

- Drug and alcohol abuse is of high prevalence in Baltimore City. According to the *Healthy Baltimore 2015*, two leading measures of the prevalence of drug and alcohol abuse are alcohol and drug-related hospital admissions and emergency department visits. In 2010, 1,930 adults were discharged from city emergency departments for alcohol and drug related conditions. Approximately 1,141 adults were discharged from city hospitals with principal or secondary diagnoses of alcohol and drug-related disorders.

The overall ranking of health concerns for all zip codes included in the study correlates to that for specific zip codes in Maryland General's primary service area. However, cancer and HIV/AIDS were also cited as major concerns of those residing in the Maryland General Hospital catchment area. Other identified concerns include:

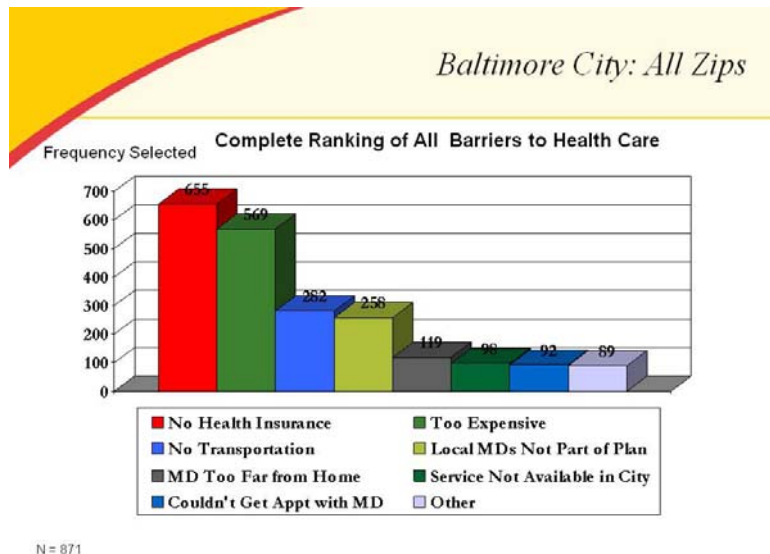
- access to health care
- mental health issues
- sexually transmitted diseases (STDs)
- asthma/lung disease
- dental health
- sudden infant death syndrome (SIDS)
- injuries

Barriers to health care

Among the top barriers to health care identified by respondents in the UMMS City-Based Hospital Community Needs Survey are:

- no health insurance
- too expensive
- no transportation
- local doctors not part of health plan
- doctor too far from home
- service not available in Baltimore City
- could not get an appointment with doctor

Lack of health insurance was universally the number one barrier cited by respondents across all zip codes.



Response to Findings

FY 2013 Community Benefit Priorities & Implementation Plan

Key findings from all resources noted were used as a framework to develop Maryland General Hospital's community benefit initiatives for FY 2013. These are closely aligned with several of the key priority areas for *Healthy Baltimore 2015* to support city-wide efforts to improve health status.

1. Promote Access to Quality Care

- Transportation – To help increase our patients' access to health care, the hospital employs two full-time drivers to pick-up and drop-off patients who cannot get to the hospital otherwise. If the drivers are not available, the hospital will provide bus tokens and cab fare for those who are in need.
- Charity Care & Patient Financial Counseling - Provide dedicated staff to assist uninsured patients with obtaining insurance coverage or exploring flexible payment options.
- Community Health Education Center – free screenings for blood pressure, glucose, cholesterol, pregnancy, and prostate to be provided on-campus and at community events throughout Baltimore.
- Improve access to health information via community-wide distribution of the *Health Beat* newsletter, and offering community-based presentations by MGH physicians and subject-matter experts.
- MGH Point of Contact Breast Cancer Intervention Program – free breast cancer screening supported by a grant from the Susan G. Komen Foundation.

2. *Decrease Smoking and Drug/Alcohol Abuse*

- Partner with American Cancer Society *Freshstart* program to offer a Smoking Cessation Counseling Program to the community.

- Partner with the Baltimore City Police Department's DARE Program to present health-related consequences of drug and alcohol abuse to middle-school youth. Schools include:
 - Eutaw Marshburn
 - Furman Templeton
 - Booker T. Washington
 - Mt. Royal Middle School

3. *Decrease the Spread of HIV and Other Sexually Transmitted Diseases*

- Distribution of condoms and educational materials through the Community Health Education Center, Institute of Human Virology (IHV) Clinic, Women's Health Service, and the Linden Medical ambulatory sites (Armory Place, Bolton Hill, Heritage Crossing)

- Offer free HIV testing through CHEC the IHV Clinic

4. *Diabetes Management and Prevention*

- Offer free glucose screenings

- Offer diabetes education to include:
 - a comprehensive self-management program
 - group individual assessment
 - blood glucose monitoring and management
 - diabetes support groups

- Partner with the American Diabetes Association to bring programs to the community.

Maryland General Hospital will promote our key initiatives to the community via various communications vehicles, including but limited to *Health Beat*, our community newsletter, the hospital's internet site, electronic display boards on the hospital's campus, and distribution of information at community events and at our ambulatory practice sites. Progress will be tracked and reported to the Community Benefit Committee on a quarterly basis.



Baltimore City Community Health Needs Assessment

Help us build a healthier Baltimore by taking our Community Needs Assessment Survey. This information will help to provide much needed outreach and wellness programs in the area, keeping you and your family as healthy as possible. The results from this survey are confidential

The survey is also available online. If you would like to take the survey online, please go to:
<http://www.surveymonkey.com/s/YBZV2RW>

1. What is your ZIP Code? _____

2. What is your age range>

- | | |
|---|--|
| <input type="checkbox"/> Under 18 years | <input type="checkbox"/> 41-50 years |
| <input type="checkbox"/> 19-24 years | <input type="checkbox"/> 51-60 years |
| <input type="checkbox"/> 25-30 years | <input type="checkbox"/> 61-65 years |
| <input type="checkbox"/> 31-40 years | <input type="checkbox"/> Older than 65 years |

3. What is your race/ethnicity

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Caucasian | |

4. What do you believe to be the biggest health problems in Baltimore City today? (Please check all that you think apply)

- | | |
|---|---|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Traffic Accidents |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Diabetes/ Sugar | <input type="checkbox"/> Overweight/ Obesity |
| <input type="checkbox"/> Asthma/ Lung Diseases | <input type="checkbox"/> Access to health care/ No health insurance |
| <input type="checkbox"/> Smoking/ Drug and Alcohol Use | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Mental Health issues (depression, anxiety) | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Dental health (tooth decay, cavities) | <input type="checkbox"/> Sudden Infant Death Syndrome (SIDS) |
| <input type="checkbox"/> High Blood Pressure/Stroke | <input type="checkbox"/> Other |

If you checked "Other," please tell us what you think:

5. What do you think are the problems that keep you or other Baltimore residents from getting the health care they need? (Please check all that you think apply)

- | | |
|---|---|
| <input type="checkbox"/> No health insurance | <input type="checkbox"/> Doctor is too far away from my home |
| <input type="checkbox"/> Too expensive/can't afford it | <input type="checkbox"/> Service is not available in the city |
| <input type="checkbox"/> Couldn't get an appointment with my doctor | <input type="checkbox"/> Local doctors are not on my insurance plan |
| <input type="checkbox"/> No transportation | <input type="checkbox"/> Other |

If you checked "Other", please tell us what you think:

6. Do you have any ideas or recommendations to help decrease the health problems in the city or to solve the problems with access to health service?

Thank you for your help in our review of the city's health status and the unmet health needs of the city.