Saint Agnes Hospital

FY 18 Community Health Needs Assessment

Approved by Board of Directors: June 15, 2018

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Executive Summary

Introduction & Background:

Beginning in 1862, and continuing over the last 155 years, Saint Agnes Hospital has been dedicated to the art of healing by providing exceptional care to the greater Baltimore area. Built on a strong foundation of excellent medical care and compassion, Saint Agnes and the physicians who practice here are committed to providing the best care for our patients for many years to come.

Today, Saint Agnes Hospital has 254 licensed-beds (FY18) that is a full-service teaching hospital with residency programs in a number of medical and surgical specialties. In 2014, Saint Agnes completed a $200+ million expansion that emphasizes patient safety in a high quality healthcare environment. The expansion included a new patient tower, the new 80,000-square-foot Angelos Medical Pavilion which is home to a variety of specialties, including an expanded Cancer Institute, a new parking garage, and the Hackerman-Patz House for families of patients being treated for long-term ailments. We have demonstrated this commitment with our investment in our campus, Saint Agnes Medical Group Catonsville site, Gibbons Commons and involvement in community partnerships; which increases access not only to clinical services, but to jobs and opportunities as well.

In 2018, Saint Agnes Hospital created the Health Institute to focus on partnering with the community to keep individuals at their best health. By bringing together community engagement and enterprise-wide care management resources, Saint Agnes strives to be as relevant to our community when they are well as when they are sick. The Health Institute is guided by our Mission to serve all persons, particularly those that are most vulnerable, and to provide healthcare that leaves no one behind. With greater care coordination, the Health Institute will connect community members and patients to the services, physicians, community-based organizations and resources where and when they need it most. The Saint Agnes Health Institute will focus on four primary areas: community engagement, care management, chronic disease management, and behavioral health. The Health Institute will continue to evolve as new needs are identified, and partnerships are formed to meet the demands of a healthy community.

Saint Agnes was founded on a mission of service to the community, particularly those who are poor and underserved, and our community outreach programs continue to expand that mission today. Based on evaluations of the most pressing health needs in our region, the hospital has launched a number of community initiatives to fight cardiovascular disease and obesity, and improve access to primary care.

Saint Agnes is focused on achieving clear and measurable improvements in these areas through the expansion of our Million Hearts program, Diabetes Prevention program, and ongoing efforts to fight metabolic disease and obesity through our Maryland Metabolic Institute, and the continued growth and development of our regional primary care network. In Fiscal Year 2017, Saint Agnes provided $31,005,549 in charitable giving and community benefit.

https://www.stagnes.org/wp-content/uploads/2014/09/Saint-Agnes-Fact-Sheet-November-2017.pdf

Our Mission

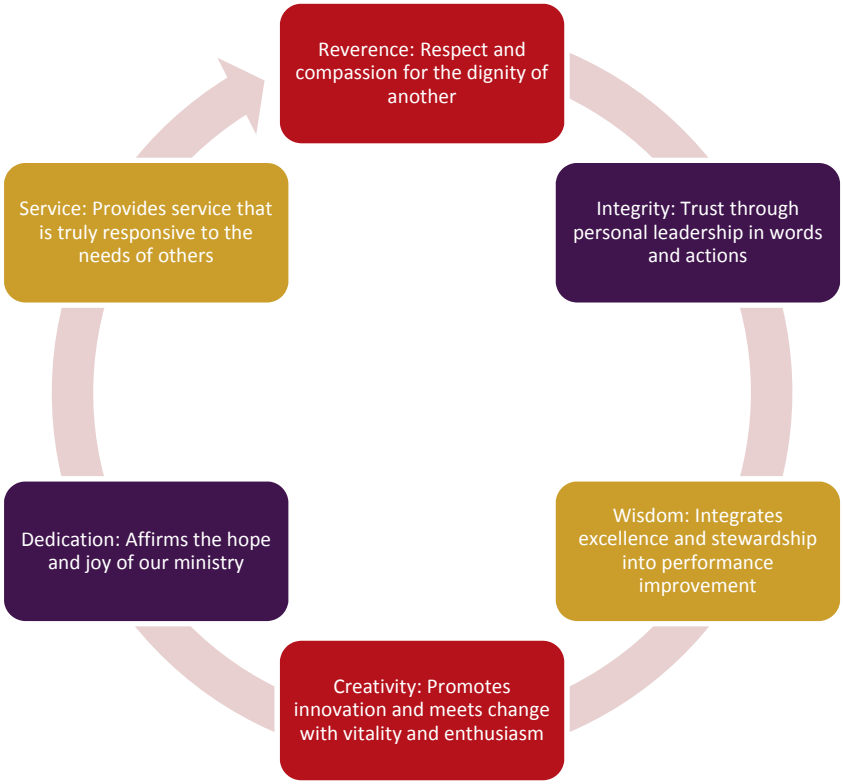
Saint Agnes Hospital was founded in 1862 by the Daughters of Charity to meet the health needs of the poor. As a Catholic health care ministry and member of Ascension Health, Saint Agnes Hospital is dedicated to the art of healing to sustain and improve the lives of the individuals and communities we serve. Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

Our Vision

We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of laity, in both leadership and sponsorship, to ensure a Catholic health ministry in the future.

Source: http://www.stagnes.org/about-us/mission-and-values/

Our Core Values



Our Community Health Improvement Mission

Saint Agnes Hospital is dedicated to the art of healing to sustain and improve the lives of the individuals and communities we serve. We are committed to the health and well-being of our entire community. Through expanding outreach and community integration services our dedicated team strives to enhance the social and physical environments that promote good health for all.

I. CHNA: Purpose and Scope

The 2018 Community Needs Assessment process is about improving health - the health of individuals, families, and communities. The objective of the assessment is to evaluate the health status of the people residing in the communities surrounding Saint Agnes Hospital and to highlight the geographic regions and populations within the service area that have greater health needs risk and determine how Saint Agnes can best respond to health need priorities.

In accordance with IRS requirements and the enactment of the Affordable Care Act in March of 2010, hospital facilities with a tax-exempt status are mandated to complete this assessment every three years, with the input of representatives from the community as well as local health jurisdictions. Hospital services and health improvement programs are to be linked to the needs identified in the assessment process. Improvements in community health are to be demonstrated through measurable outcomes, as impacted by hospital services and programs.

In advance of the Phase 2 CMS Waiver, the Baltimore City Hospitals elected to conduct the CHNA collaboratively along with the Baltimore City Health Department. Due to this change in the CHNA planning cycle, Saint Agnes, LifeBridge Health and Johns Hopkins Health System advanced their CHNA planning calendar by one year to align with the planning cycle of University of Maryland Medical System and MedStar Health. Conducting our CHNA collaboratively will facilitate establishing shared health need priorities as well as strategies to collectively address identified health needs. As the healthcare industry transitions to value-based based care across the continuum, a shared understanding and knowledge of community needs has become a more important aspect of the Community Needs Assessment to establish health need priorities.

The needs present in the Saint Agnes Hospital service area are highly variable from community to community. This assessment highlights each community individually, identifying the risk factors and health needs that are unique to that specific population. The wide variety of needs that exist throughout the service area can be addressed most effectively with an acute focus on those crucial needs upon which Saint Agnes Hospital can have the greatest impact. It is this focus that will guide the allocation of resources, and development of health care programs, which will most significantly improve community health (see Appendix 3).

The assessment process involved both quantitative and qualitative components. See Figure 1. Saint Agnes engaged the participation of the public as well as key internal and external stakeholders who represent the broad interest of the communities served by Saint Agnes to review the quantitative analysis. The public provided input through a structured online survey and via focus groups across the assessment process during Fiscal Year 2018. The internal and external stakeholders were individuals with expertise in provision of health care services and public health and included community leaders, physicians, nursing, social work, pastoral care, care management, emergency outpatient and management representatives.

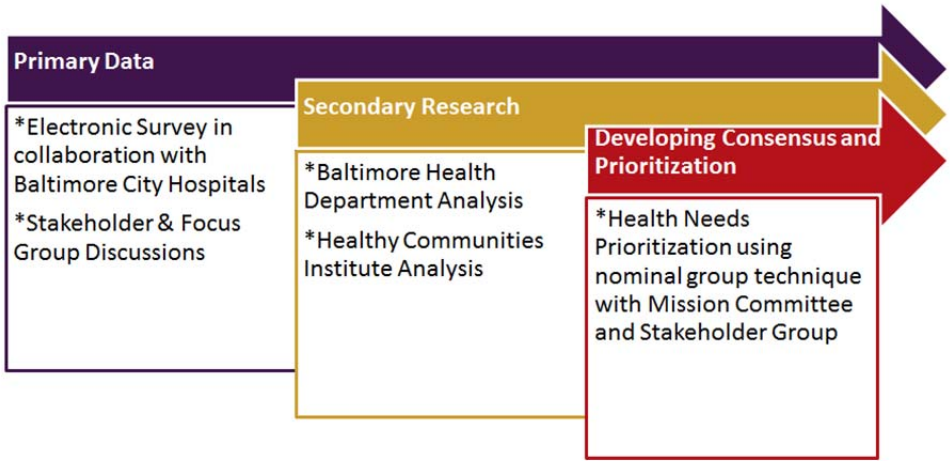


Figure 1 - Community Health Needs Assessment Process

Community Benefit Service Area

With the FY18 Community Needs Assessment, our Community Benefit Service Area (CBSA) has redefined. First, due to multiple internal and external changes over the last two decades, the zip codes that comprise the Saint Agnes Hospital service area have shifted East and the primary service area (Top 60% of lives served) has oriented to include a greater share of West Baltimore city communities. Second, anticipating Phase 2 waiver the CBSA was redefined to better align with Phase 2 Total Cost of Care patient attribution geography. And finally, the CBSA was aligned to those zips codes where Saint Agnes has the greatest ability to demonstrate meaningful impact on community health outcomes.

The wide variety of needs that exist throughout the service area can be addressed most effectively with an acute focus on those crucial needs upon which Saint Agnes Hospital can have the greatest impact. It is this focus that will guide the allocation of resources, and development of health care programs, which will most significantly improve community health. Due to its location in the southwest segment of the Baltimore Metropolitan Area, Saint Agnes serves a diverse patient population. Saint Agnes' CBSA (Baltimore City and Baltimore County) has a population of approximately 400,514 (all population data was taken from Sg2 data for 2018). The service area for study in the Community Health Needs Assessment represents the zip codes that comprise 70% of Saint Agnes Hospital discharges. A map of the communities Saint Agnes serves can be seen in Figure 2. Within the CBSA, Saint Agnes has defined eight different communities. The communities are groupings of zip codes in the defined CBSA based on similar

demographic characteristics and geographic boundaries. Details about each of the individual communities are in Appendix 1.

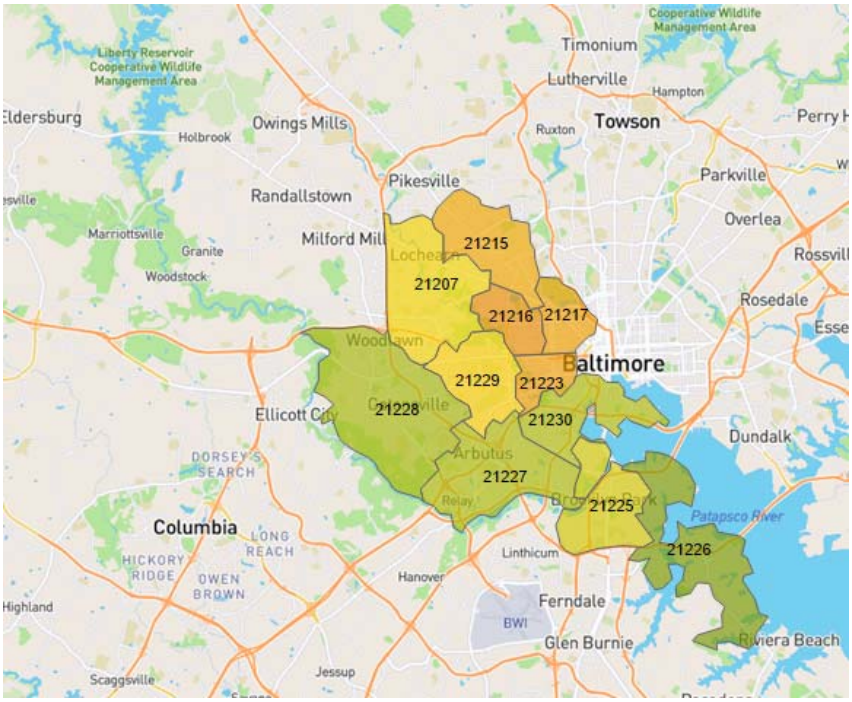


Figure 2 - Saint Agnes Hospital Service Area by Neighborhood

II. CHNA: Primary & Secondary Data Research

Community Service Area – Electronic Survey

To gain insights from members of the community, a consumer survey was used to gain a quantitative assessment electronically and on paper to establish broad public input. A copy of the survey is included in Appendix 2. The tool asked respondents to rate the three most important health, social, and barriers in receiving healthcare. In addition, respondents selected what they believed was the current status of their mental health in the past 30 days. Individuals taking the consumer survey were also provided an opportunity to mention ideas and suggestions to improving the health in their community.

Survey Results

Through the collaboration between the Baltimore City Hospitals and Baltimore City Health Department, the consumer survey reached a large distribution of Baltimore residents, with over 100 zip codes represented and 4,763 responses which they were distributed in health fairs and sent electronically. Saint Agnes' CBSA accounted for 1,714 responses (36% of total responses). The respondent distribution was 72% female, 64% age 50 or above, 72% African American and 20% Caucasian. The racial

composition of survey respondents was consistent with the racial composition of Saint Agnes' CBSA. Similar to past surveys, respondents are predominately female (72%) or over the age of 50 (64%).

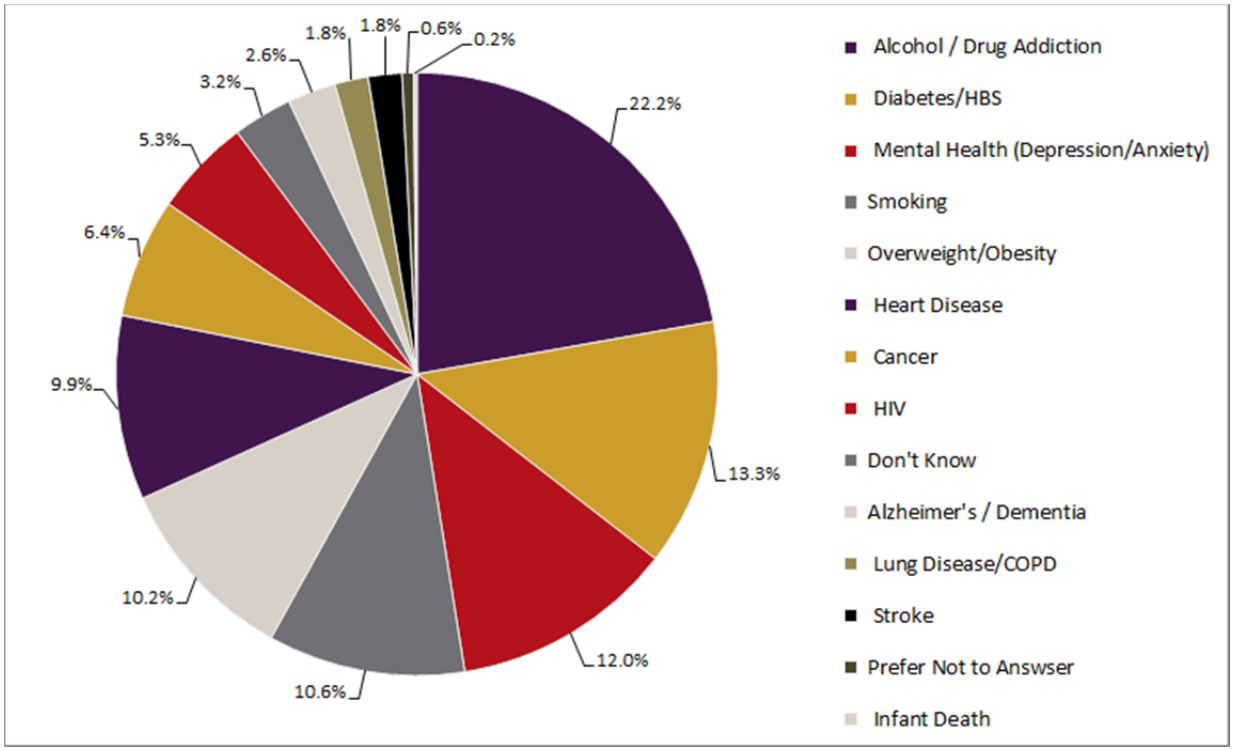


Figure 3 - Top Important Health Problems - Electronic Survey

Survey respondents identified the top three most important health concerns facing their community. These health issues included: behavioral health problems such as alcohol/drug abuse or tobacco use, mental health issues, chronic health conditions such as diabetes, hypertension, and overweight; and major diseases such as cancer, HIV, and Alzheimer's. The top three rated community health concerns reported by the survey respondents were alcohol/drug addiction (22.2%), diabetes/high blood sugar (13.3%), and mental health issues (12.0%). Concern over obesity came in fifth place (10.2%), and there was a continued concern for heart disease as a top important health problem which came in sixth place (9.9%).The total results for this question are depicted in Figure 3.

Based on our FY 16 CHNA Saint Agnes' current health need priorities include: (1) Addressing obesity and diabetes prevalence, (2) reducing cardiovascular disease burden, and (3) create person centered healthy neighborhoods. However unlike the FY16 assessment, Alcohol/Drug Addiction scored the highest (22.2%), while Mental Health scored third (12.0%). Noteworthy, in the FY18 CHNA, the survey remains consistent with several of our current priorities and incudes Obesity & Diabetes and Cardiovascular Disease which remain significant concerns for health problems in the community as demonstrated by the rankings for Diabetes/High Blood Sugar (13.3%), Smoking (10.6%), Obesity (10.2%), and Heart Disease (9.9%).

In Table 1, the most important health problems selected are segmented by neighborhood area, sex, race, and age. Regardless of the split between geography, sex, race, and age; Alcohol/Drug Addiction, Diabetes/High Blood Sugar, and Mental Health (Depression/Anxiety) remain the top three most important health problems which are bolded.

Most Important Health Problem	Total	Baltimore Area		Sex		Race			Age	
		City	County	Male	Female	African American	Caucasian	Others	< 50 Years Old	50+ Years Old
Alcohol/Drug Addiction	**22.2%**	**23.7%**	**18.2%**	**22.2%**	**21.3%**	**22.7%**	**18.4%**	**18.8%**	**23.5%**	**20.6%**
Diabetes/High Blood Pressure	**13.3%**	**13.3%**	**13.3%**	**12.2%**	**13.0%**	**13.5%**	**10.1%**	**14.7%**	**10.3%**	**14.2%**
Mental Health	**12.0%**	**12.3%**	**11.1%**	**10.5%**	**12.1%**	**12.2%**	**10.9%**	**8.7%**	**14.9%**	**9.8%**
Smoking/Tobacco Use	10.6%	11.6%	8.0%	11.8%	9.7%	11.3%	6.6%	10.3%	11.5%	9.6%
Overweight/Obesity	10.2%	9.4%	12.4%	9.0%	10.2%	9.2%	12.2%	10.1%	9.5%	10.1%
Heart Disease	9.9%	9.5%	10.9%	11.3%	9.0%	9.3%	11.3%	7.9%	6.3%	11.3%
Cancer	6.4%	5.5%	8.8%	6.0%	6.4%	5.4%	9.0%	7.0%	6.3%	6.2%
HIV/AIDS	5.3%	5.9%	3.5%	5.5%	5.0%	6.2%	1.8%	4.1%	7.2%	4.0%
Don't Know	3.2%	2.6%	4.7%	3.0%	3.2%	2.5%	5.3%	3.1%	2.4%	3.5%
Alzheimer's/Dementia	2.6%	2.0%	4.1%	2.2%	2.6%	2.2%	3.2%	3.6%	0.9%	3.4%
Lung Disease	1.8%	1.5%	2.6%	3.8%	4.9%	3.0%	8.7%	8.9%	4.9%	4.6%
Stroke	1.8%	1.9%	1.6%	1.5%	1.9%	1.9%	1.7%	1.0%	1.2%	2.0%
Prefer Not to Answer	0.6%	0.7%	0.5%	0.8%	0.5%	0.5%	0.5%	1.9%	0.7%	0.5%
Infant Death	0.2%	0.1%	0.3%	0.1%	0.2%	0.2%	0.3%	0.0%	0.3%	0.1%

Table 1 - Top Important Health Problems by Area, Sex, and Demographics - Electronic Survey

Next, survey respondents answered what they believed were the three most important social problems that they believe their community is facing. The list consisted of 16 potential social problems in which respondents chose the top three issues in their community. The top three results included lack of job opportunities (12.7%), neighborhood safety (12.2%), and housing/homelessness (11.0%). Next, limited access to healthy foods (7.7%) and availability of health insurance (7.6%) were also ranked as top concerns. The total results for this question are depicted in Figure 4.

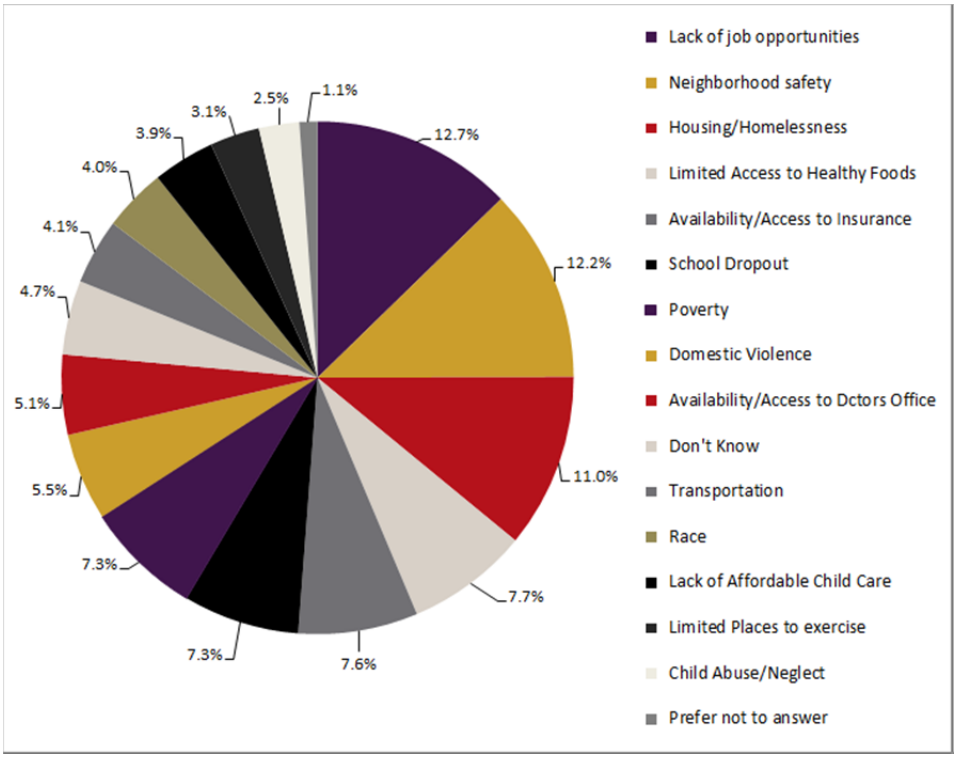


Figure 4 - Top Social Problems - Electronic Survey

In Table 2, the most important social problems selected are segmented by neighborhood area, sex, race, and age. Regardless of geography, sex, race, or age – the top three most important social problems consist of Lack of Job Opportunities, Neighborhood Safety/Violence, and Housing/Homelessness which you will see in bold.

Most Important Health Problem	Total	Baltimore Area		Sex		Race			Age	
		City	County	Male	Female	African American	Caucasian	Others	< 50 Years Old	50+ Years Old
Lack of Job Opportunities	**12.7%**	**13.6%**	**10.2%**	**14.0%**	**12.3%**	**13.9%**	**8.2%**	**11.0%**	**12.3%**	**12.9%**
Neighborhood Safety/Violence	**12.2%**	**12.8%**	**10.7%**	**11.4%**	**12.6%**	**11.9%**	**16.2%**	**7.3%**	**11.4%**	**12.8%**
Housing/Homelessness	**11.0%**	**11.8%**	**8.7%**	**10.8%**	**11.1%**	**11.9%**	**7.3%**	**10.4%**	**11.0%**	**11.0%**
Limited Access to Healthy Foods	7.7%	7.9%	7.3%	6.7%	8.1%	8.2%	5.9%	7.0%	7.3%	7.9%
Availability/Access to Insurance	7.6%	7.2%	8.7%	8.2%	7.3%	7.1%	9.9%	6.8%	7.4%	7.6%
School Dropout/Poor Schools	7.3%	8.0%	5.6%	8.3%	7.0%	7.8%	5.8%	6.5%	7.9%	7.0%
Poverty	7.3%	7.5%	7.0%	8.4%	6.9%	7.4%	7.3%	7.0%	8.5%	6.5%
Domestic Violence	5.5%	5.4%	5.9%	5.0%	5.7%	5.6%	4.9%	5.7%	6.8%	4.8%
Availability/Access to Doctor's Office	5.1%	5.1%	4.9%	4.9%	5.1%	5.0%	4.9%	5.5%	4.9%	5.2%
Don't Know	4.7%	3.3%	8.8%	4.8%	4.6%	3.5%	9.7%	5.0%	2.7%	6.0%
Transportation Problems	4.1%	4.1%	4.3%	3.9%	4.1%	4.1%	3.6%	5.7%	4.6%	3.9%
Race/Ethnicity Discrimination	4.0%	3.7%	4.7%	5.0%	3.6%	3.7%	2.6%	9.4%	4.2%	3.8%
Lack of Affordable Child Care	3.9%	3.3%	5.7%	2.7%	4.4%	3.8%	4.0%	4.7%	4.6%	3.4%
Limited Places to Exercise	3.1%	3.0%	3.5%	2.2%	3.5%	3.0%	4.1%	2.1%	2.6%	3.5%

Table 2 –Top Important Social Problems by Area, Sex, and Demographics – Electronic Survey

Survey respondents chose from a list of 10 indications for what they saw as barriers to primary healthcare. The top reason identified for not having Primary Health Care was affordability, this included co-pays and deductibles. The high cost of health care was seen the number one deterrent for people having regular, stable health care. A little over one quarter of the respondents cited a lack of health insurance as an important reason as well. Other barriers chosen were transportation issues and wait time for appointments. In FY 16, Access to Health Insurance and Access to Doctors Office ranked in the top concerns. For FY18, respondents were asked the top reasons why they do not receive healthcare. The top three barriers included healthcare is too expensive (28.2%), they have no insurance (25.8%), and there is no transportation or way to get to their primary care physician or nearest hospital (12.1%). Respondents also identified that their insurance was not accepted with their primary care provider (11.1%), and the wait was too long to receive healthcare (7.7%). The types of access were related to financial issues, geographic issues, insurance issues, etc. Figure 5 illustrates these reasons.

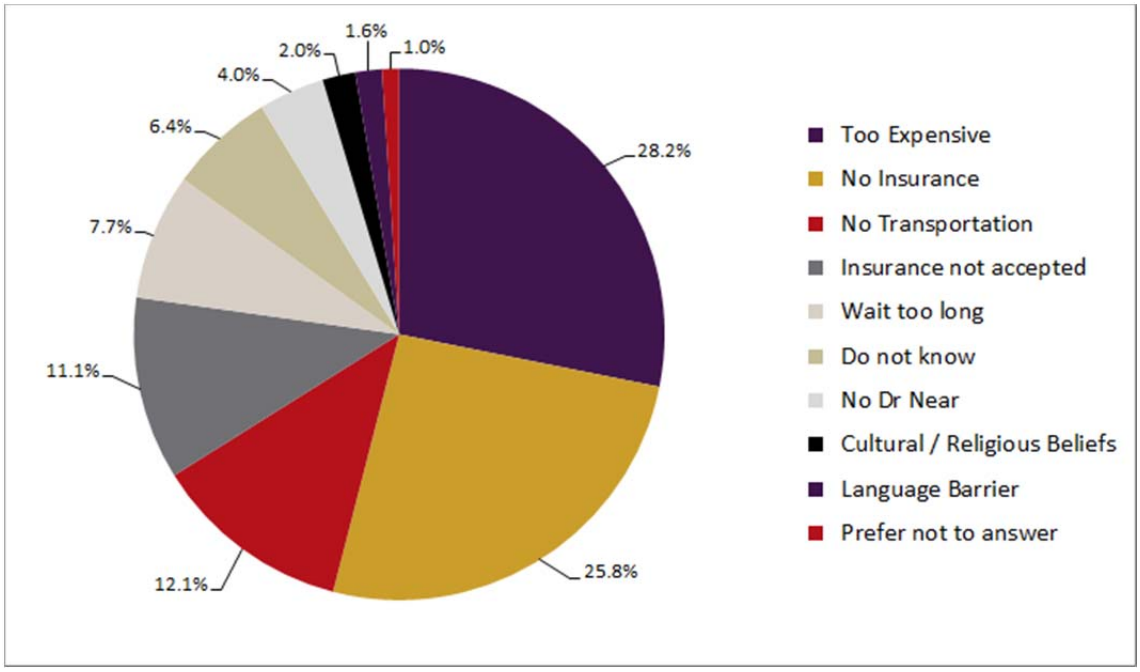


Figure 5 - Barriers to Primary Health Care (Survey Respondents)

As mentioned above, the perceptions of community and personal health were analyzed. Also, mentioned in the survey is the importance of mental health, indicating how many days the respondent could be struggling with their mental health within the last 30 days. Overall, there was not much a difference between suburban and urban communities in how they perceived their mental health in the last 30 days. The biggest variation existed between the ages of respondents, where individuals younger than 50 years old indicated their mental health was an issue 14+ days a week at 17.3%. It should be noted that in both suburban and urban communities, around 11.6% of respondents had indicated that

their mental health was not good 14 plus days a month, showing concern in the importance of mental health in both the city and county communities. Table 3 shows the findings.

Number of Days Mental Health is an Issue	Total	Baltimore Area		Sex		Race			Age	
		City	County	Male	Female	African American	Caucasian	Others	< 50 Years Old	50+ Years Old
Never	69.4%	68.1%	72.9%	72.3%	68.0%	68.7%	61.7%	78.6%	58.5%	73.7%
1 to 3 Days	8.4%	9.4%	5.9%	8.0%	8.7%	8.2%	10.2%	4.1%	7.6%	8.9%
3 to 7 Days	6.4%	6.2%	7.1%	4.7%	7.2%	9.3%	6.0%	3.1%	9.2%	5.9%
7-14 Days	4.1%	4.6%	2.9%	4.1%	4.2%	3.4%	7.7%	1.0%	7.3%	2.7%
14+ Days	**11.6%**	**11.7%**	**11.2%**	**11.0%**	**11.9%**	**10.3%**	**14.5%**	**13.3%**	**17.3%**	**8.9%**

Table 3 - Perception of Mental Health - Electronic Survey

Key Findings – Electronic Survey

Behavioral Health (Alcohol/Drug Addiction, Mental Health), Obesity & Diabetes, and Cardiovascular Disease were chosen as the top concerns facing their community according to data collected by the electronic surveys in Saint Agnes' Community Benefit Service Area. The continuation of Obesity, Diabetes and Cardiovascular Disease as top health concerns speaks to the amount of need in these areas that is still not being met. Although residents in these communities did not see their neighborhoods in a poor light, they still struggle to afford health care to stem the effects of these chronic health conditions. These health issues are connected to the variety of social issues that these communities continue to be surrounded by which include lack of job opportunities, safety, housing, limited access to healthy foods, and access to health insurance/providers.

Community Service Area – Focus Group Discussions

To further understand our community service area, a qualitative assessment was conducted of vulnerable population cohorts in facilitated focus groups. In seven focus groups, there were 69 participants that provided input to better understand the healthcare needs of the medically underserved, low-income, minority, and other vulnerable populations in the community. In the screening survey, the focus group participants identified their top three health and social concerns in their communities similar to the questions in the electronic survey, followed by a facilitated discussion to understand casual factors. The results are shown in Table 4.

Focus Group	Number of Participants	Participant Profile	Top 3 Health Concerns	Top 3 Social Concerns
Disabilities	5	Persons with disabilities	Alcohol/Drug Addiction Mental Health	Poverty Transportation Housing
LGBTQ	5	Persons of LGBTQ community	Alcohol/Drug Addiction Mental Health Sexual Health	Poverty Housing Lack of Steady Employment
Single Parents	8	Single parents enrolled in Strive Program	Alcohol/Drug Addiction Mental Health Diabetes/High Blood Pressure	Lack of Job Opportunities Safety, Violence, Trauma Limited Access to Healthy Foods
Spanish Speaking	7	Latino Immigrants from Central America & Mexico	Alcohol/Drug Addiction Mental Health	Safety, Violence, and Trauma Substance Abuse Education (Health Literacy)
Transition Aged Youth	20	Young adults working on their GED	Alcohol/Drug Addiction Mental Health	Lack of Job Opportunities Safety, Violence, and Trauma School Dropouts
Older Adults	12	Older Adults members of Zeta Healthy Aging Partnership	Alcohol/Drug Addiction Mental Health Smoking	Housing Lack of Job Opportunities Limited Access to Healthy Foods
Senior Citizens	12	Persons living in affordable senior housing	Alcohol/Drug Addiction Diabetes/High Blood Sugar Heart Disease/Blood Pressure	Limited Access to Healthy Foods Access to Healthcare Safety, Violence, Trauma
Total Number of Participants: 69				

Table 4 - Top Health & Social Concerns - Focus Groups

The structure of the sessions for the Focus Groups was facilitated dialog using the Community Health survey tool as a discussion guide to have a facilitated discussion about health care in their communities. A copy of the electronic consumer survey is included in Appendix 2. These results of the facilitated dialog are consistent with the results identified in the electronic survey. Similar to the electronic survey, the greatest health concerns that the focus groups highlighted were Alcohol/Drug Addiction and Mental Health. The top social concerns vary with each group, but Safety/Violence and Housing remain top concerns for many of the groups. The topics discussed included barriers in accessing health care, but also focused much of the discussion on a variety of social issues that they face in their community. Figure 6 highlights a word cloud illustration of the key themes that came out of the facilitated discussion in the seven focus groups.

Figure 6 - Focus Group Discussion Themes

- Drug and Alcohol Addiction
- Compounding Chronic Conditions
- Mental Health
- Accessibility of Medical Services
- Assessable Housing and Healthy Food
- Neighborhood Safety/Violence

As mentioned above, before groups started their top-of-mind discussion, individuals participated in a survey with similar questions compared to the electronic consumer survey. Following the survey, members of these groups prioritized specific aspects of the health care system and their experiences. Members of the focus groups chose their top three health and social concerns in their communities. Overall, the focus groups focused primarily on the health issues concerning Alcohol/Drug Addiction and the rising concern over mental health in their communities. Across all focus groups, there was consensus of frustration regarding key issues of drug/alcohol addiction stemming from mental health and physical health issues. These issues can include an unstable home environment, lack of resources, poverty, and unemployment. Secondly, Neighborhood Safety/Violence and Housing was a major point in discussing top social issues in all focus groups. The groups primarily focused on discussing the lack of affordable and safe housing in their communities, violence effects on youth, racism, lack of role models, poor job opportunities and school systems.

Key Findings – Focus Groups

Through seven facilitated discussions in conjunction with Baltimore City Hospitals, the focus groups recurring themes about community needs were:

- Importance of mental health, alcohol/drug addiction
- Having accessible housing, access to healthier food options
- Safety of neighborhoods

Overall, findings from these groups were consistent to the Electronic Consumer Survey, although there was greater emphasis on Drug/Alcohol Addiction and Neighborhood Violence in all focus groups. Similar to results of the electronic survey, Focus Group Discussion concentrated on the heightened importance regarding Mental Health and opioid epidemic.

Healthy Communities Institute Analysis Indicators: Baltimore City and Baltimore County

In order to gain further insight on the community Saint Agnes serves, Conduent Healthy Communities Institute was engaged to provide community health indicator data for Baltimore City and Baltimore County. The Healthy Communities Institute provided Socio-Need Index Score, Health Indicators and Topic Data Scores for Baltimore City and Baltimore County through a variety of federal and state measurements.

Socio-Need Index Score

The SocioNeeds Index is calculated for a community from several social and economic factors, ranging from poverty to education, correlated with greater unmet health needs. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To help find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. The index value for each location is compared to all other similar locations (i.e. counties compare to other counties and zip codes to other zip codes) within the comparison area to assign a relative rank (1-5). See Table 5, where all zip codes in our CBSA are highlighted with a Socio-Need Index Score, including benchmarking scores to the FY16 Community Needs Assessment.

Based on the Socio-Need Index, the neighborhoods with the most needs reside in Baltimore City (21229, 21215, 21216, 21225, 21217, 21223), with the highest rank of a 5. Catonsville and South Baltimore City with identified with lower scores of 2 and 3. See below at Figure 7, for the Socio-Need Index Score Map of the CBSA. Highlighted are the communities with the worst score (a rank of five) in order to see the geographic distribution of those communities with the most needs. The communities with the most needs reside in the West Baltimore region of the map (Figure 7). The distribution of scores has remained fairly similar to 2016's Socio-Need Index Scores, showing the urban communities of West Baltimore, SW Baltimore, South Baltimore, and Brooklyn/Linthicum remain the most vulnerable.

2018 CBSA Social Need Index Score						
Zipcode	Community	County	FY16 Index Score	2018 Index Score		Progress
21223	Baltimore	Baltimore City	98.0	97.5		Same
21217	Baltimore	Baltimore City	96.0	94.9		Better
21225	Brooklyn	Baltimore City	92.6	91.1		Same
21216	Baltimore	Baltimore City	92.6	87.6		Better
21215	Baltimore	Baltimore City	89.3	87.1		Better
21229	Baltimore	Baltimore City	75.7	79.6		Worse
21227	Halethrope	Baltimore	61.2	54.7		Better
21226	Curtis Bay	Anne Arundel	-	51.8		-
21207	Gwynn Oak	Baltimore	56.9	51.3		Better
21230	Baltimore	Baltimore City	42.6	31.5		Better
21228	Catonsville	Baltimore	12.4	11.5		Same

Table 5 - Saint Agnes CBSA Socio-Need Index Scores

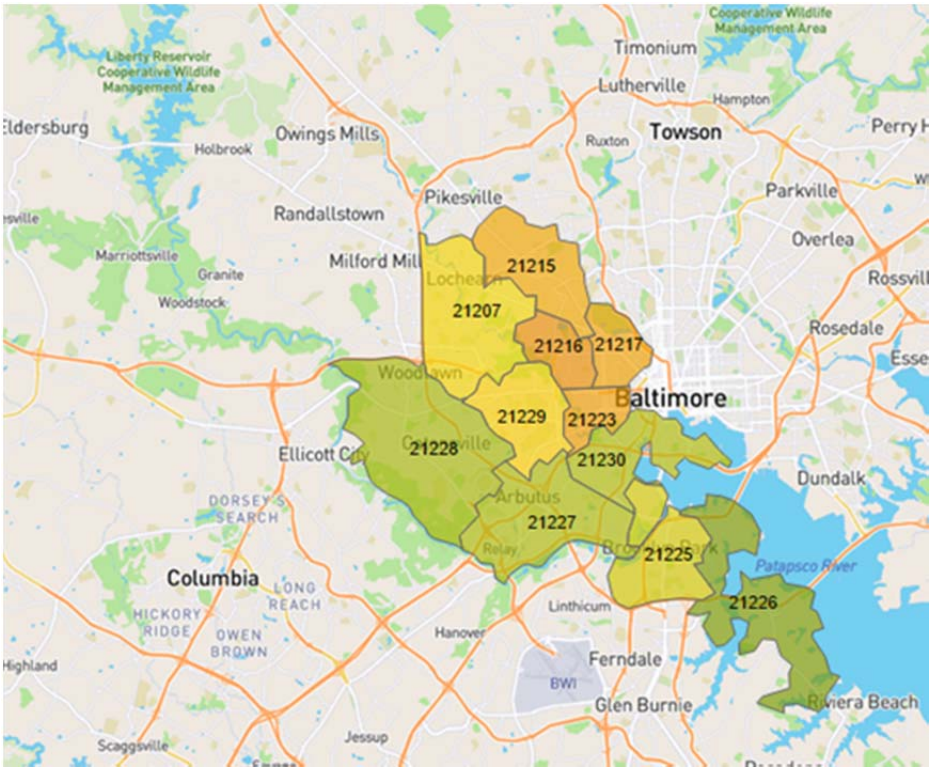


Figure 7 - CBSA Map

Note: Map provided is for geographic reference only; map color scale does not correlate with Socio-Need Index Score that is indicated above

Community Health Indicator and Topic Data Scoring for Baltimore City and County

Additionally, Conduent Healthy Communities Institute provided topic and indicator scores for a variety of health outcomes and determinants. For each topic and indicator, the city and county was assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Topic scores are determined by the comparisons of all indicators within the topic. Similar to the electronic survey, indicators are included for Health related topics as well as social determinants of health. Below is Figure 8, where the Healthy Communities Institute has drawn the process in determining Indicator and Topic Data Scoring for Baltimore City and County.

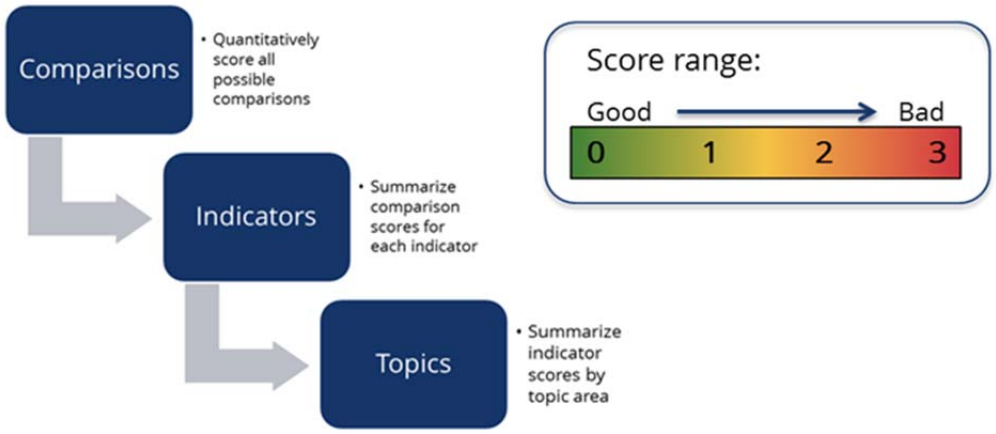


Figure 8 - Indicator & Topic Scoring Process

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

In using this methodology, through a variety of Topic Scores by Health Topic and Determinants, Baltimore City and County were given a score. Below in Table 6 and 7, you will see all Health Topics and Determinants with the corresponding number of indicators that were used to develop the score; a topic score greater than or equal to 2 indicates greater unmet health needs in the community. Noteworthy, Baltimore City generally ranks higher than Baltimore County on most Health Topic Scores, demonstrating a greater need in those communities. Prevention and Safety, Men's Health, Maternal Health, Diabetes, Mortality, and Environmental Health have a score of two or greater, showing an unmet health needs for these topics.

2018 Baltimore City and County Health Topic Scores			
Health Topic	Number of Indicators	Baltimore City Score	Baltimore County Score
Prevention & Safety	5	2.41	2.18
Men's Health	3	2.35	1.20
Maternal, Fetal & Infant Health	6	2.24	1.66
Diabetes	5	2.16	1.71
Mortality Data	18	2.14	1.55
Environmental & Occupational Health	6	2.00	1.40
Substance Abuse	9	1.98	1.45
Wellness & Lifestyle	8	1.95	1.40
Cancer	19	1.90	1.36
Mental Health & Mental Disorders	9	1.88	1.56
Oral Health	7	1.79	1.31
Respiratory Diseases	15	1.79	1.51
Immunizations & Infectious Diseases	10	1.76	1.77
Older Adults & Aging	26	1.75	1.78
Women's Health	8	1.75	1.48
Heart Disease & Stroke	16	1.70	1.89
Teen & Adolescent Health	5	1.66	1.16
Children's Health	9	1.62	1.36
Other Chronic Diseases	5	1.48	1.95
Exercise, Nutrition, & Weight	24	1.48	1.46
Access to Health Services	14	1.37	1.26

Table 6 - Topic Scores by Health Topic

2018 Baltimore City and County Health Topic Scores			
Health Determinant	Number of Indicators	Baltimore City Score	Baltimore County Score
Public Safety	6	1.96	1.82
Education	9	1.88	1.35
Economy	28	1.82	1.37
Social Environment	19	1.80	1.27
Environment	19	1.52	1.47
Transportation	6	1.27	1.58

Table 7 - Topic Scores by Health Determinant

To provide deeper insights on potential health needs within the high scoring Health and Health Determinant Topic areas, Appendix 4, provides the specific high scoring (>=1.5) indicators that comprise each topic area at the county level. We have also provided a crosswalk for each indicator to correlate the findings of the electronic survey, stakeholder & focus groups, or Baltimore City Health Department profiles. In Appendix 5, all topics with detailed indicators are listed. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area.

Key Findings – Healthy Communities Institute Analysis

Baltimore City was identified with greater health needs and issues with social determinants of health compared to Baltimore County. This was consistent with the findings of HCI the Socio-Needs Index which demonstrated more significant health needs in the City portions of the CBSA. Gaps in community health needs and social determinants of health were also consistent with the key findings from the consumer electronic survey, Consumer Focus Groups, and in our Stakeholder discussions.

- Health indicators associated with Substance Use Disorder and Behavioral Health generally identified with higher needs across all geographies in Baltimore City and County (above 2.00 score), but saw the highest scores in Baltimore City.
- Chronic Diseases of Diabetes and Cardiovascular Disease (current health need priorities of Saint Agnes CHN) continue to be identified with health need gaps.
- Social Determinants of health related to housing and food insecurity were noted with significant needs.
- The impact of health of violent crime (as noted in consumer survey and focus group) is noted in several health topic areas such as: prevention/safety, mortality, substance abuse, and social environment.

Baltimore City Health Department Analysis

As noted in the CHNA process description, Baltimore City Hospitals elected to conduct the CHNA collaboratively along with the Baltimore City Health Department. The Baltimore City Health Department provided a community health needs quantitative profile summary of Baltimore City zip codes in our CBSA. In Figure 9 all communities included are mentioned.

- Allendale/Irvington/S. Hilton
- Beechfield/Ten Hills/West Hills
- Brooklyn/Curtis Bay/Hawkins Point
- Cherry Hill
- Dickeyville/Franklintown
- Dorchester/Ashburton
- Edmondson Village
- Forest Park/Walbrook
- Greater Mondawmin
- Greater Rosemont
- Howard Park/West Arlington
- Inner Harbor/Federal Hill
- Morrell Park/Violetville
- Penn North/Reservoir Hill
- Pimlico/Arlington/Hilltop
- Poppleton/The Terraces/Hollins Market
- Sandtown-Winchester/Harlem Park
- South Baltimore
- Southern Park Heights
- Southwest Baltimore
- Upton/Druid Heights
- Washington Village/Pigtown
- Westport/Mt. Winans/Lakeland

Figure 9 - Baltimore City Health Department Neighborhoods CBSA

The Baltimore City Health Department compiled maps of communities within the city. The first map consists of Life Expectancy at Birth in Baltimore City, refer to Figure 10. In comparison to Baltimore City as a whole, most of the City neighborhoods that comprise the Baltimore City segment of the Saint Agnes Community Benefit Service Area (CBSA) have significantly reduced Life Expectancy at Birth with 14 of 23 neighborhood ranked in the lowest two quintiles with some communities experiencing as much as 10-20 years difference in life expectancy based where a person lives. Overall, the average life expectancy in the CBSA is nearly 2 years less than Baltimore City average.

Also, the Baltimore City Health Department compared certain demographics with our CBSA versus Baltimore City; refer to Table 9 in Appendix 6. From a demographic profile the Saint Agnes CBSA (Baltimore City segment) has a greater portion of vulnerable populations representing potential greater health risk impact.

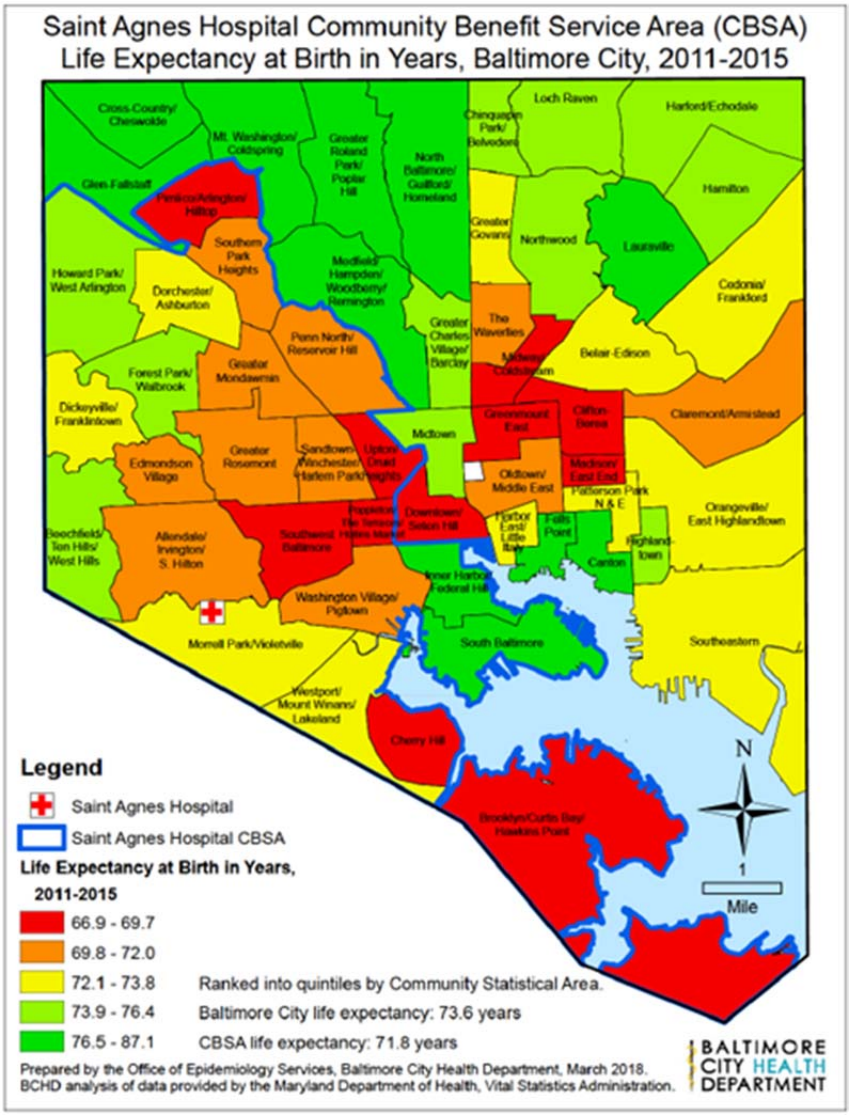


Figure 10 - Life Expectancy at Birth in Years

Lastly, the Baltimore City Health Department looked at certain aspects of the community's Social Determinants of Health and Health Outcomes. As shown by the map below in Figure 11, along with Table 10 and 11 in Appendix 6, the Saint Agnes CBSA (Baltimore City Segment) has significantly higher health risk due to social determinants of health. In comparison to the City, the CBSA is economically challenged with higher unemployment, greater number of families living in poverty, suffering urban decay with greater vacant lots and housing units in a backdrop of larger industrial character. Education background is mixed with poorer performing neighborhood mirroring the map. Overall, 55% of adult population has high school degree or less. Nearly 1/5th of the CBSA is categorized as a food desert with higher rate of corner stores than City average indicting low availability of fresh, health foods. Violent crime is significant risk in the CBSA. Non-fatal shooting, overall homicide rate and homicide rate < 25 years are all above the City average rates.

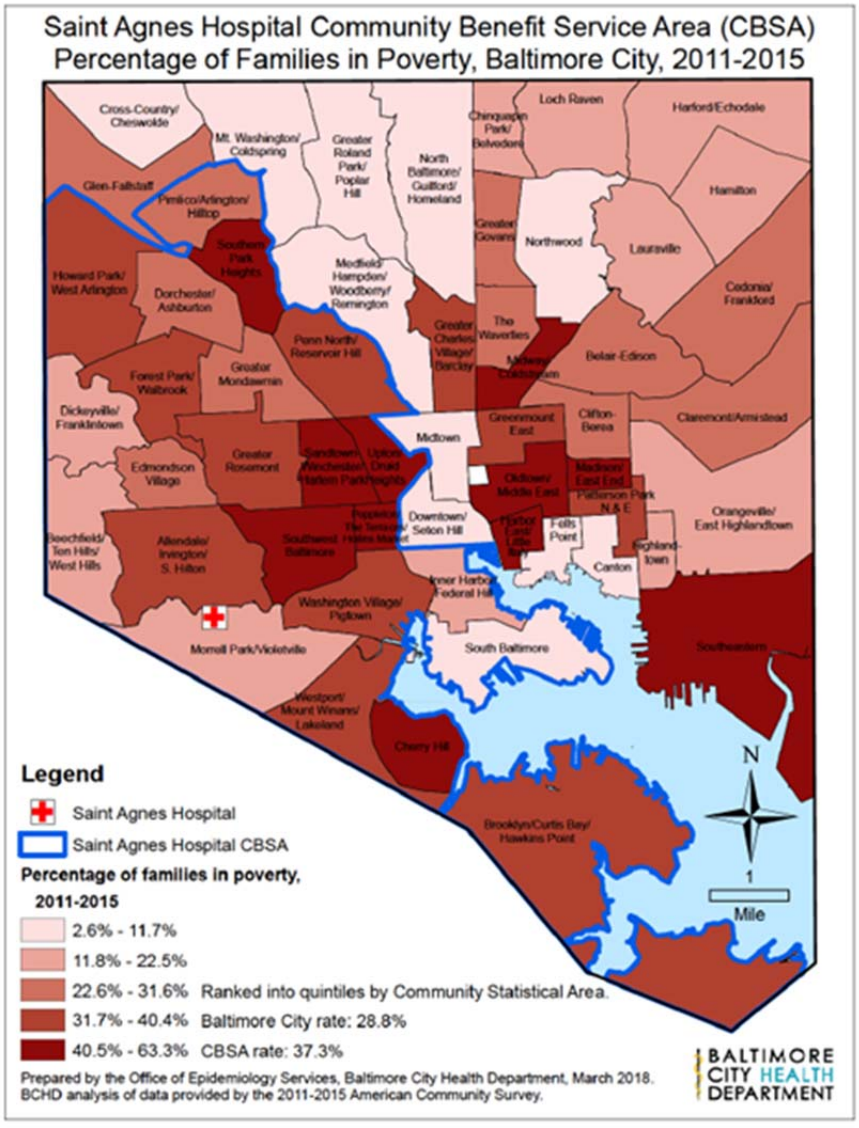


Figure 11 - CBSA Percentage of Families in Poverty

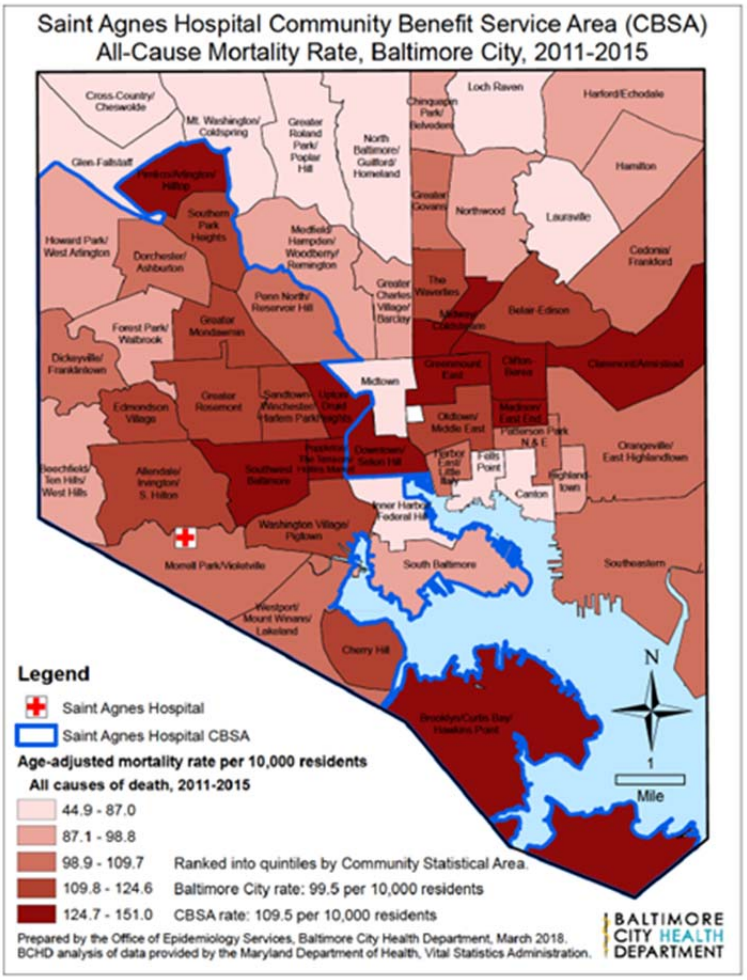


Figure 12 - CBSA All-Cause Mortality

Similar to the demographic and social determinants of health indicators, health outcome measures demonstrate higher potential health risk impacts in Baltimore City portions of the CBSA, shown on Table 10 in Appendix 6. In particular, maternity related measure highlight slightly less prenatal care in the first trimester, higher level of smoking during pregnancy, greater rate of pre-term birth, and higher rate of births amongst teens.

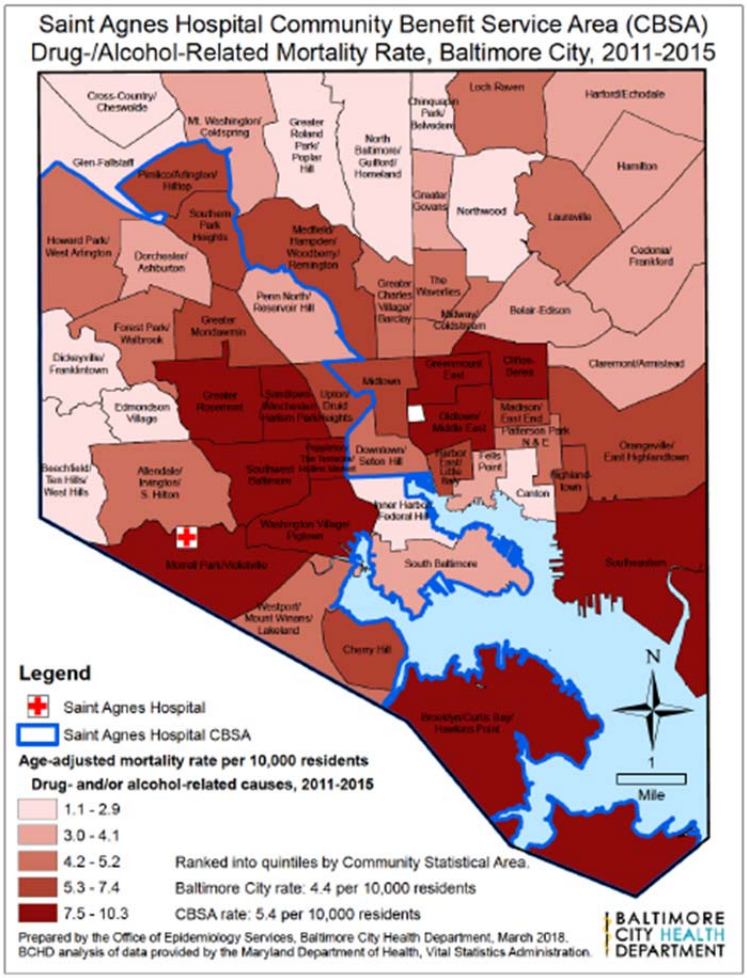


Figure 12 - CBSA/Drug/Alcohol Related Mortality Rate

Also noted are higher rates of gonorrhea, hepatitis C, and lead paint violations. In addition to under life expectancy, the all cause age-adjusted mortality rate is 10% higher than City rate shown in Figure 12; however, top causes of morality are the same for the CBSA. Figure 13 shows the distribution of Drug/Alcohol Related Mortality Rate in Baltimore City.

Key Findings – Baltimore City Health Department Quantitative Analysis

Generally, Baltimore City neighborhoods in Saint Agnes' CBSA scored worse versus Baltimore City in life expectancy, percentage of families in poverty, and mortality rate; overall putting a greater need for resources in those neighborhoods. Noteworthy, West Baltimore is an area that has shown the greatest need. Below are several observations based on the Baltimore City Health Department quantitative analysis:

- The social determinants of health include a wide variety of exposures that impact health across all ages, from the individual to the population level which include employment, income, education, the built environment, access to healthy foods, stress, and exposure to violence
- Like most places, employment and income are key social determinants of health in Baltimore
- Access to food is an important social determinant of health that was highlighted in the BCHD analysis, along with the electronic survey and focus group discussions
- In Baltimore City, there are 11 carry-out restaurants per 10,000 residents and about 3 fast food restaurants per 10,000 residents.
- Violence is significant risk in the CBSA, and public safety remains a top social concern for the CBSA.
- Non-fatal shooting, overall homicide rate and homicide rate < 25 years are all above the City average rates. Safety/Violence of neighborhood was also a top concern in the electronic survey and focus group discussions.

Conclusion – CHNA Primary and Secondary Research Analytics

Through analysis of the Electronic Survey, Focus Group Discussions, BCHD, and the Healthy Communities Institute Analysis we were able to help highlight the greatest unmet needs of the communities Saint Agnes serves. There was a high degree of correlation amongst the various primary and secondary data analytics for most significant health and social needs including:

- Alcohol/Drug Addiction
- Mental Health
- Chronic Health Conditions
- Violence/Safety of Neighborhoods
- Accessible Housing

Within the defined Saint Agnes Community Benefit Service Area (CBSA) the most significant needs were identified in the communities of West Baltimore City. While the most significant needs identified in the analysis are consistent with Saint Agnes current health need priorities in Obesity & Diabetes Prevalence, Reduce Cardiovascular Disease Burden, and Create Person Centered Healthy Neighborhoods, there was a much greater expression in both the quantitative and qualitative research of the needs regarding substance abuse, mental health, and social determinants of health than was identified in the FY 16 assessment analytics.

III. Community Health Needs Prioritization

External Stakeholder Discussions

Once the data collection and analysis was complete, we engaged the input from people who represent the broad interests of the community, including those with special knowledge of or expertise in public health in accordance with the ACA requirements. First, we engaged in two conversations with 23 External Stakeholders from various organizations engage in health and social problems that exist in the community. Attendees were invited by members of the city-wide CHNA Project Team and represented a variety of organization throughout Baltimore City. Attendees are highlighted in Appendix 3. Primarily, they were chosen for their knowledge of specific communities, focus areas or diseases states that were important for getting a better understanding of community needs. Attendees identified alcohol/drug addiction, mental health, and chronic disease as priority health concerns. Identified social concerns include Neighborhood Safety/Violence, Older Adults, Housing, and accessibility to healthcare services. In Figure 14, a world cloud is used to show topics of discussion.

Figure 13 - Themes of External Stakeholder Group

- Access to Healthcare
- Continuity of Care
- Cost/Affordability of Healthcare
- Housing/Homelessness
- Mental Health and Substance Abuse
- Violence and Safety

While the External Stakeholders started their top-of-mind discussion, individuals used the electronic consumer survey for talking points during the discussion. Members of these groups prioritized specific aspects of the health care system and their experiences. Members of the group discussed their top three health and social concerns in their communities. Overall, the External Stakeholders focused primarily on the health issues concerning Alcohol/Drug Addiction and the rising concern over mental health in their communities which include: poor education in schools, lack of employment opportunities, housing, racism, poverty, and violence. Across all individuals, there was consensus of frustration regarding key issues of drug/alcohol addiction stemming from mental health and physical health issues, including access to healthcare services. Another talking point was Neighborhood Safety/Violence and Housing. The Stakeholder group primarily focused on discussing the lack of affordable and safe housing in their communities, along with the lack of access to healthcare in certain communities.

Community Health Need Prioritization

We engaged with members of the Saint Agnes Board of Directors Mission Committee as well as internal and external community health leaders and used a nominal group technique to prioritize identified health needs. Participants for our Community Health Need Prioritization Team groups are listed in Appendix 3. Stakeholders completed a short prioritization tool in order to identify certain needs in the community. A copy of this tool is in Appendix 4.

All CHN prioritization participants reviewed an executive summary all quantitative and qualitative data for the CHNA before completing the prioritization exercise. The survey was designed to prioritize the health needs and was divided into two sections, the first asked for top health needs facing the Saint Agnes Hospital service area communities, where individuals ranked their top five health issues in the community. The second part of the survey asked for the top five social issues in the community. In order to determine the top health and social needs in the community, we used a nominal technique, where the highest possible score was 114. The following are results for the top health needs:

- Alcohol/Drug Addiction (108)
- Mental Health (90)
- Diabetes/ High Blood Sugar/ Heart Disease (95)

Also, Individual Stakeholders ranking results showed several Social Determinants of Health coming to the top of the list:

- Neighborhood Safety/Violence (69)
- Housing/Homelessness (62)
- Race Ethnicity Discrimination (37)
- Individual/Family Poverty (36)

IV. CHNA Priorities

After using both primary and secondary research methods to assess the health needs of the community and taking into account the input received from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health, Saint Agnes identified three priorities. The top three Community Health Need Priorities that Saint Agnes will identify in FY19-21, which have been approved by the Saint Agnes Executive Team include:

- Address Mental Health/Substance Abuse (shared priority with all Baltimore City hospitals)
- Reduce Obesity and impact of Chronic Diseases
- Create Person-Centered Healthy Neighborhoods to Address Social Determinants of Health

Noteworthy, many of the top community health concerns remain unchanged from the FY16 Community Needs Assessment with obesity & diabetes and cardiovascular issues amongst greatest priorities. Similar to the rest of the county with the exponential rise of the opioid epidemic, this assessment highlighted much greater concern regarding the issue of substance use disorder and Mental Health needs in the community. National, State and Local health policies and objectives were used to validate and align our priorities and objectives. The identified priorities are highly aligned with local, state and national priorities as found in Healthy Baltimore 2020, State of Maryland State Health Improvement Plan (SHIP) Vision Areas and Healthy People 2020 (See below on Table 8).

Saint Agnes CHN Priorities	Healthy People 2020 (National)	Maryland S.H.I.P. (State)	Healthy Baltimore 2020 (City)
Address Mental Health and Substance Abuse	Increase the proportion of adults with mental health disoders who receive treatment (MHMD-9)	Reduce drug-induced death rate	Decrease number of overdoese deaths in Baltimore/Maryland
	Increase proportion of primary care facilities that provide mental health treatment onsite (MHMD-5)	Reduce rate of ED visits related to substance abuse disorders/mental health conditions	Decrease number of ED visits related to substance abuse
	Increase the proportion of persons with co-occuring substance abuse and mental disorders who receive treatment for both orders (MHMD-10)		Move upstream to address root causes of behavioral health, including trauma
Reduce Obesity and Impact of Chronic Diseases	Reduce the proportion of adults who are obese (NHS-9)	Reduce the proportion of adults who are obsese	Decrease number of obese adults
	Reduce the diabetes death rate (D-3)	Reduce the proportion of adults diagnosed with diabetes	Decrease number of cardiovascular disease deaths
	Increase the number of community based organizations providing prevention services for chronic diseases. ECBP-10.7	Reduce ED visits due to Hypertension/Diabetes	Decrease percent of adults who currently smoke
		Reduce age-adjusted mortality rate from heart disease	
Create Person-Centered Healthy Neighborhoods to Address Social Determinants of Health	Increase the proportion of persons who have access to rapidly responding prehospital emergency medical care. AHS-8	Decrease uninsured ED visits	Increase life expectancy in Baltimore City Neighborhoods
	Increase the proportion of adults with ongoing health care. AHS-5	Increase the percentage of persons with a Usual Primary Care Provider	Decrease rate of ED visits/hospitalizations for ambulatory sensitive indicators
	Increase proportion of persons with a usual primary care provider AHS-3		Decrease the percent of adults with unmet mental health care needs

Table 8 – CHNA Priority Alignment with Local, State, and National Health Initiatives

Needs That Will Not Be Addressed

While Saint Agnes Hospital will focus the majority of our efforts on the identified strategic programs, we will review the complete set of needs identified in the CHNA for future collaboration. These areas, while important to the health of the community, will be met through either existing clinical programs or through collaboration with other health care organizations as needed. The unmet needs not addressed specifically by Saint Agnes Hospital, will continue to be addressed by key governmental agencies and existing community-based organizations. The Saint Agnes identified core priorities target the intersection of the identified community needs and the organization's key strengths and mission.

V. Documenting and Communicating Results

The completion of this community health needs assessment marks a milestone in community involvement and participation; with input from community leaders, the general public, Saint Agnes Hospital administration, and health experts. This report will be posted on the SAH website following Saint Agnes Board approval. Reports and data will also be shared with our community partners and community leaders as we work together to make a positive difference in our community by empowering and building healthy communities.

VI. Planning for Action and Monitoring Progress

After using both primary and secondary research methods to assess the health needs of the community and taking into account the input received from persons who represent the broad interests of the community, including those with special knowledge of or expertise in public health, the next step in the process identified and prioritized the top three health needs to be concentrated on in the next fiscal year(s). Saint Agnes' Health Institute will have a strategic planning process for the three identified priorities within the established timeframe, which will then be approved by the Saint Agnes Board. As noted in earlier sections, certain chronic diseases and lifestyle/ behavioral issues were ranked as a high need by the community being served and experts in the public health field within our community.

Appendix 1 – Community Profiles

Arbutus (Zip Code 21227):

Arbutus is an older suburban community, located south of Caton and Wilkens Avenues, and has a population of 34,139. The traditionally blue collar community is part of the Baltimore County Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Brooklyn-Linthicum (Zip Code 21225):

Brooklyn-Linthicum is an older urban/suburban community, located southeast of Caton and Wilkens Avenues, and has a population of 33,550. The industrial and blue collar community has seen an increase in the uninsured population and is part of both the Baltimore City and Baltimore County Health Jurisdictions. Harbor Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Catonsville (Zip Code 21228):

Catonsville is an older suburban community, located west of Caton and Wilkens Avenues, and has a population of 49,758, with a growing proportion of seniors. The traditionally white collar community is part of the Baltimore County Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Curtis Bay (Zip Code 21226)

Curtis Bay is a residential / commercial / industrial neighborhood in the southern portion of the City of Baltimore, which has a population of 7,929. The neighborhood is on steep sloping heights, about four city blocks wide (west to east) and fifteen blocks long (north to south) and above and surrounded on three sides (northeast - east - southeast) in a highly industrialized waterfront area in the southern part of the city.

Southwest Baltimore City (Zip Code 21229):

Southwest Baltimore City is an older urban community, located at Caton and Wilkens Avenues, and has a population of 44,537. Similar to other urban areas, Southwest Baltimore is projected to experience population declines. Southwest Baltimore City is part of the Baltimore City Health Jurisdiction. Saint Agnes Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

West Baltimore City (Zip Code 21215, 21216, 21217):

West Baltimore City is an older urban community, located north of Caton and Wilkens Avenues, and has a population of 123,222. Similar to other urban areas, West Baltimore is projected to experience population declines. West Baltimore City is part of the Baltimore City Health Jurisdiction. Sinai Hospital, University of Maryland and Bon Secours Hospital are the primary hospital providers best positioned to address the specific health needs of this community.

South Baltimore City (Zip Code 21223, 21230):

South Baltimore City is an older urban community, located east/southeast of Caton and Wilkens Avenues, and has a population of 59,923. The urban community is projected to experience population declines. South Baltimore City is part of the Baltimore City Health Jurisdiction. Baltimore Washington Medical Center and MedStar Harbor Hospital are the primary hospitals provider best positioned to address the specific health needs of this community.

Woodlawn (Zip Code 21207):

Woodlawn is a suburban community, located northwest of Caton and Wilkens Avenues, and has a population of 47,456, with a growing proportion of seniors. Woodlawn is part of the Baltimore County Health Jurisdiction. Northwest Hospital is the primary hospital provider best positioned to address the specific health needs of this community.

Appendix 2 – Community Health Needs Assessment Survey – Tool

2017 Baltimore Health Needs Survey

Your responses to this optional survey are anonymous and will inform how hospitals and agencies work to improve health in Baltimore City. Thank you!

Instructions: You must be 18 years or older to complete this survey. Please answer all questions and return the survey as indicated. For questions about this survey, contact 667-234-2102 or 1-800-492-5538.

1. What is your ZIP code? *Please write 5-digit ZIP code.* _____

2. What is your sex? *Please check one.*

☐ Male ☐ Female ☐ Transgender
☐ Other *specify*_____ ☐ Don't know ☐ Prefer not to answer

3. What is your age group (years)? *Please check one.*

☐ 18-29 ☐ 40-49 ☐ 65-74 ☐ 75+
☐ 30-39 ☐ 50-64 ☐ Don't know ☐ Prefer not to answer

4. Which one of the following is your race? *Please check all that apply.*

☐ Black or African American ☐ White ☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native
☐ Other/more than one race *specify*_____
☐ Don't know ☐ Prefer not to answer

5. Are you Hispanic or Latino/a? *Please check one.*

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

6. On how many days during the past 30 days was your mental health not good? Mental health includes stress, depression, and problems with emotions. *Please write number of days.*

_____ **days** ☐ Zero days ☐ Don't know ☐ Prefer not to answer

PLEASE TURN OVER FOR NEXT PAGE

Appendix 2 – Community Health Needs Assessment Survey – Tool

7. What are the <u>three</u> most important health problems that affect the health of your community? *Please check only three.*

- ☐ Alcohol/drug addiction
- ☐ Mental health (depression, anxiety)
- ☐ Diabetes/high blood sugar
- ☐ HIV/AIDS
- ☐ Lung disease/asthma/COPD
- ☐ Smoking/tobacco use
- ☐ Don't know
- ☐ Alzheimer's/dementia
- ☐ Cancer
- ☐ Heart disease/blood pressure
- ☐ Infant death
- ☐ Stroke
- ☐ Overweight/obesity
- ☐ Prefer not to answer

8. What are the <u>three</u> most important social/environmental problems that affect the health of your community? *Please check only three.*

- ☐ Availability/access to doctor's office
- ☐ Availability/access to insurance
- ☐ Domestic violence
- ☐ Limited access to healthy foods
- ☐ School dropout/poor schools
- ☐ Lack of job opportunities
- ☐ Race/ethnicity discrimination
- ☐ Don't know
- ☐ Child abuse/neglect
- ☐ Lack of affordable child care
- ☐ Housing/homelessness
- ☐ Neighborhood safety/violence
- ☐ Poverty
- ☐ Limited places to exercise
- ☐ Transportation problems
- ☐ Prefer not to answer

9. What are the <u>three</u> most important reasons people in your community do not get health care? *Please check only three.*

- ☐ Cost – too expensive/can't pay
- ☐ No insurance
- ☐ Lack of transportation
- ☐ Language barrier
- ☐ Don't know
- ☐ Wait is too long
- ☐ No doctor nearby
- ☐ Insurance not accepted
- ☐ Cultural/religious beliefs
- ☐ Prefer not to answer

10. What ideas or suggestions do you have to improve health in your community? _____

_____

_____

_____ ☐ Don't know ☐ Prefer not to answer

Thank you for completing the survey!

Appendix 3 – External and Internal Stakeholder Groups

External Stakeholders

Group 1		
Name	**Title**	**Organization**
Karen Nettler	Director, Community Connections	Jewish Community Services
Jacke Schroeder	Director, SAFE: Stop Abuse of Elders	CHANA
Reba Cornman	Director of Geriatrics and Gerontology Education and Research Program	University of Maryland Geriatrics and Gerontology Education and Research Program
Rhonda Chatmon	Vice President, Multi-Cultural Markets	American Heart Association, Mid-Atlantic Affiliate
Kathryn Lothschuetz Montgomery, PhD, RN, NEA-BC	Associate Professor and Chair	University of Maryland Department of Partnerships, Professional Education, & Practice
Elizabeth "Ibby" Tanner, PhD, RN, FAAN	Director of Interprofessional Education	Community Public Health Nursing, Johns Hopkins
Wendy Lane	Director, Preventive Medicine Residency Program	University of Maryland
Bronwyn Mayden	Executive Director	Promise Heights, University of Maryland SSW
Nate Sweeney	Executive Director, LGBT Health Resource Center	Chase Brexton Health Care
Marina Nellius, LGSW, MSW	Community Social Worker	MedStar Total Elder Care
Mira Appleby	Manager, Program Development	LifeBridge Sinai: Vocational Services
Amanda Davani	Quality and Systems Improvement Director	American Heart Association, Mid-Atlantic Affiliate
Leslie Margolis	Managing Attorney	Disability Rights Maryland
Kimberly Mays	Senior Director, Community Impact	American Heart Association, Mid-Atlantic Affiliate
Kerri Johnston	Director of Communications	American Heart Association, Mid-Atlantic Affiliate
Mitchell Posner	Executive Director	Comprehensive Housing Assistance, Inc.
Group 2		
Tracy Newsome	Director, Community Health Strategies	American Diabetes Association, Maryland Area
Margi Lenz	Geriatric Social Worker	MedStar Center for Successful Aging
Adrienne Kilby	Geriatric Social Worker	MedStar Center for Successful Aging
Kimberly Mays	Senior Director, Community Impact	American Heart Association, Mid-Atlantic Affiliate
Liz Kaylor	VP of Development and Community Relations	Baltimore Medical System, Inc.
Heang Tan	Deputy Commissioner, Division on Aging and CARE Services	Baltimore City Health Department
Michael McKnight	VP of Policy and Innovation	Green and Healthy Homes Initiative

Appendix 3 – External and Internal Stakeholder Groups

Internal Stakeholders

Stakeholder Priortization Group - Saint Agnes Hospital

Pamela Brown, Director of MCH & Multicultrual Program, BMS
Olivia Farrow, Deputy Commissioner, BCHD
Tracy Barresi, Clinical Unit Coordinator, Saint Agnes Hospital ED
Susan Mathers RN, Director of Nursing, Saint Agnes Hospital
Pinar Miski MD, Director of Psychiatry, Saint Agnes Hospital
Jennifer Broaddus, Director of Population Health, Saint Agnes Hospital
Lynell Medley, VP Program, HCAM
Nancy Hammond MD, Chief Medical Officer, Saint Agnes Hospital
Dawn O'Neill, VP Population Health, Saint Agnes Hospital
Ashley Kinder MD, Medical Director of the Health Institute, Saint Agnes Hospital
Lori Franklin, Director of Advocacy, Saint Agnes Hospital
Karl Quist-Therson MD, Director of the Hospitalist Group, Saint Agnes Hospital
Chris Chekouras, COO, Saint Agnes Hosptial

Mission Committee Priortization Group - Saint Agnes Hospital

Irene Knott, Whiting-Turner Contracting Co.
Allison Mackenzie, Director of Community Health, Saint Agnes Hospital
Jan McDonnell, Interim Chief Mission Officer
Keith Vander Kolk, CEO, Saint Agnes Hospital
Margaret Hayes, University of Maryland Baltimore
Deacon Paul Barksdale, St. Bernardine Church

Appendix 4 – Health Needs Prioritization Tool

Saint Agnes Healthcare: Community Needs Assessment

Prioritization Tool – Draft

Part I: Health Need Identification

On scale of 1-5, please indicate the top five health needs you believe affect the health of the community you serve.

___Alcohol/Drug Addiction

___Mental Health (Depression/Anxiety)

___Diabetes/High Blood Sugar

___HIV/AIDS/Sexual Health

___Lung Disease/Asthma/COPD

___Smoking/Tobacco Use

___Alzheimer's/ Dementia

___Cancer

___Heart Disease/Blood Pressure

___Maternal/Fetal/Infant Death

___Stroke

___Overweight/Obesity

___Prenatal Care

___Mortality

Appendix 4 – Health Needs Prioritization Tool

Part II: Social/Environmental Need Identification

On a scale of 1-5, please rank the top five social/environmental concerns that you believe affect the community you serve.

___Availability/Access to Physicians

___Availability/Access to Insurance

___Domestic Violence

___Limited Access to Healthy Food

___School Dropout/Poor Schools

___Lack of Job Opportunities/ Occupational Health

___Race/Ethnicity Discrimination

___Economy

___Health Literacy

___Child Abuse/Neglect

___Lack of Affordable Child Care

___Housing/Homelessness

___Neighborhood Safety/Violence

___Individual/Family Poverty

___Limited Places to Exercise

___Transportation Issues

___Social Environment

Thank you for your participation in our Health Need Prioritization Tool!

Appendix 4 – Health Needs Prioritization Tool - Results

Topic	Priortization Score
Alcohol/Drug Addiction	108
Mental Health (Depression/Anxiety)	90
Diabetes/High Blood Sugar	52
Heart Disease/Blood Pressure	43
Overweight/Obesity	32
Lung Disease/Asthma/COPD	16
Maternal/Fetal/Infant Death	13
Stroke	10
Prenatal Care	6
Alzheimer's/Dementia	4
Mortality	4
Cancer	2
HIV/AIDS/Sexual Health	0
Smoking Tobacco Use	0

Highest possible score using nominal group methodology is 114.

Topic	Priortization Score
Neighboorhood Safety/Violence	69
Housing/Homelessness	62
Race Ethnicy Discrimination	37
Individual/Family Poverty	36
Lack of Job Opportunities/Occupational Health	32
Limited Access to Healthy Foods	29
Social Environment	25
School Dropout/Poor Schools	21
Child Abuse/Neglect	17
Transportation Issues	15
Availability/Access to Physicians	14
Health Literacy	10
Domestic Violence	9
Lack of Affordable Child Care	4
Availability/Access to Insurance	0
Economy	0
Limited Places to Exercise	0

FY 16 Community Health Need Priorities:

1) Address Obesity and Diabetes Prevalence
2) Reduce Cardiovascular Disease Burden
3) Create Person-Centered Healthy Neighborhoods

Appendix 5 – Community Health Indicators, Definitions & Sources

Source Number	Source Title
1	American Community Survey
2	American Lung Association
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	Maryland Behavioral Risk Factor Surveillance System
8	Maryland Department of Health
9	Maryland Department of the Environment
10	Maryland Governor's Office for Children
11	Maryland Governor's Office of Crime Control & Prevention
12	Maryland State Board of Elections
13	Maryland State Department of Education
14	Maryland Youth Tobacco Survey
15	National Cancer Institute
16	National Center for Education Statistics
17	Small Area Health Insurance Estimates
18	The Dartmouth Atlas of Health Care
19	U.S. Bureau of Labor Statistics
20	U.S. Census - County Business Patterns
21	U.S. Department of Agriculture - Food Environment Atlas
22	U.S. Environmental Protection Agency

Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	ACCESS TO HEALTH SERVICES	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.55	1.80	Adolescents who have had a Routine Checkup: Medicaid Population				50.6	54.5		57.4	55.3		*percent*	*2016*	8
1.60	1.80	Children who Visited a Dentist				61.5	62.6		64.6	63.9		*percent*	*2016*	8
1.60	1.80	Children with Health Insurance				96	96.2	100		96.7	95.5	*percent*	*2016*	1
1.75	1.75	Adults who Visited a Dentist				66.9	68.5			72.1		*percent*	*2015*	7
	1.75	People with a Usual Primary Care Provider				81	86.2		83.9	84.8		*percent*	*2016*	8
1.70	1.70	Adults Unable to Afford to See a Doctor	Y	Y	Y	12.6	12.3			10.8	12.1	*percent*	*2015*	7
1.26	1.37	**Topic Score: Access to Health Services (n = 13)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	CANCER	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.80	Age-Adjusted Death Rate due to Cancer			Y	228	164.1	161.4	147.4	165.3	166.1	*deaths/ 100,000 population*	*2010-2014*	15
	2.55	Cervical Cancer Incidence Rate				10.1	6.8	7.3		6.5	7.5	*cases/ 100,000 females*	*2010-2014*	15
	2.45	Age-Adjusted Death Rate due to Breast Cancer			Y	29	22.5	20.7		22.8	21.2	*deaths/ 100,000 females*	*2010-2014*	15
	2.45	Age-Adjusted Death Rate due to Colorectal Cancer			Y	21.7	13.8	14.5		14.4	14.8	*deaths/ 100,000 population*	*2010-2014*	15
2.20	2.30	Prostate Cancer Incidence Rate			Y	150.3	133.9			131.5	114.8	*cases/ 100,000 males*	*2010-2014*	15
	2.25	Age-Adjusted Death Rate due to Lung Cancer			Y	61.6	45.1	45.5		43.2	44.7	*deaths/ 100,000 population*	*2010-2014*	15
	2.25	Age-Adjusted Death Rate due to Prostate Cancer			Y	32.9	17.6	21.8		20.3	20.1	*deaths/ 100,000 males*	*2010-2014*	15
	2.10	Colorectal Cancer Incidence Rate				46	38.4	39.9		37.3	39.8	*cases/ 100,000 population*	*2010-2014*	15
	2.10	Lung and Bronchus Cancer Incidence Rate				80	65.7			58.1	61.2	*cases/ 100,000 population*	*2010-2014*	15
	2.00	Oral Cavity and Pharynx Cancer Incidence Rate				12.8	10.5			10.6	11.5	*cases/ 100,000 population*	*2010-2014*	15
2.10	1.70	Cancer: Medicare Population			Y	8.5	9.5			8.6	7.8	*percent*	*2015*	3
1.58	1.58	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy				70.8	71.1			73	69.3	*percent*	*2014*	7
2.00		Breast Cancer Incidence Rate			Y	126.5	135.4			131	123.5	*cases/ 100,000 females*	*2010-2014*	15
1.58		Mammogram in Past 2 Years: 50-74			Y	82		81.1			75.8	*percent*	*2014*	2
1.36	1.90	**Topic Score: Cancer (n = 15)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	CHILDREN'S HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.23	Blood Lead Levels in Children			Y	1.2	0.2		0.28	0.3	0.5	*percent*	*2015*	9
	2.05	Child Abuse Rate				19.9	5.4			7.3		*cases/ 1,000 children*	*2015*	10
	2.35	Child Food Insecurity Rate	Y	Y	Y	23	16.6			16.3	19.3	*percent*	*2015*	5
1.60	1.80	Children who Visited a Dentist				61.5	62.6		64.6	63.9		*percent*	*2016*	8
1.60	1.80	Children with Health Insurance		Y		96	96.2	100		96.7	95.5	*percent*	*2016*	1
1.85		Food Insecure Children Likely Ineligible for Assistance		Y		24	41			41	34.1	*percent*	*2015*	5
1.50		Low-Income Preschool Obesity	Y	Y	Y	12.6	13.2					*percent*	*2009-2011*	21
1.36	1.62	**Topic Score: Children's Health (n = 9)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	DIABETES	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.60	2.55	Diabetes: Medicare Population				32.2	27.9			29.1	26.5	*percent*	*2015*	3
	2.20	Age-Adjusted ER Rate due to Diabetes				548.9	177.8		186.3	204		*ER Visits/ 100,000 population*	*2014*	8
1.50	2.20	Diabetic Monitoring: Medicare Population				80.5	84.8			85	85.2	*percent*	*2014*	18
1.88	2.08	Age-Adjusted Death Rate due to Diabetes			Y	29.8	19.6			19.2	21.1	*deaths/ 100,000 population*	*2014-2016*	8
2.33	1.78	Adults with Diabetes	Y	Y	Y	10.9	11.9			10.4	9.9	*percent*	*2015*	7
1.71	2.16	**Topic Score: Diabetes (n= 5)**	Y	Y	Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

Note: (1) Grayed items = a score < 1.5
(2) If Indicator Score was < 1.5 in Baltimore City and Co. it is not shown
(3) Indicator Score Metrics can be shown in multiple topic areas

Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	ECONOMY	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.65	2.70	Homeownership			Y	38	61.1			59.8	55.9	*percent*	*2012-2016*	1
1.95	2.55	Unemployed Workers in Civilian Labor Force				6.6	4.7			4.6	4.5	*percent*	*January 2018*	19
	2.50	Food Insecurity Rate		Y	Y	23.2	12			11.4	13.7	*percent*	*2015*	5
1.65	2.50	Severe Housing Problems	Y	Y	Y	23.5	16.3			17.2	19	*percent*	*2009-2013*	4
1.60	2.50	Students Eligible for the Free Lunch Program				87.1	40			39.9	42.6	*percent*	*2015-2016*	16
	2.35	Child Food Insecurity Rate	Y	Y	Y	23	16.6			16.3	19.3	*percent*	*2015*	5
	2.30	Children Living Below Poverty Level		Y	Y	33.3	12			13.3	21.2	*percent*	*2012-2016*	1
	2.30	Families Living Below Poverty Level		Y	Y	18.3	6.1			6.8	11	*percent*	*2012-2016*	1
	2.30	Households with Cash Public Assistance Income		Y	Y	5.6	2.4			2.5	3.7	*percent*	*2012-2016*	1
	2.30	People 65+ Living Below Poverty Level	Y	Y	Y	16.8	7.2			7.7	9.3	*percent*	*2012-2016*	1
	2.30	People Living Below Poverty Level	Y	Y	Y	23.1	9.3			9.9	15.1	*percent*	*2012-2016*	1
1.68	2.28	Median Housing Unit Value				153,000	246,900			290,400	184,700	*dollars*	*2012-2016*	1
	2.15	People Living 200% Above Poverty Level		Y	Y	56.3	77.4			77	66.4	*percent*	*2012-2016*	1
	1.95	Median Household Income				44,262	68,989			76,067	55,322	*dollars*	*2012-2016*	1
1.50	1.95	Population 16+ in Civilian Labor Force				61.7	66.4			67.6	63.1	*percent*	*2012-2016*	1
1.50	1.65	Female Population 16+ in Civilian Labor Force				60.4	62.1			63.8	58.3	*percent*	*2012-2016*	1
	1.65	Per Capita Income				27,129	35,777			37,756	29,829	*dollars*	*2012-2016*	1
2.03	1.58	Median Household Gross Rent				974	1193			1264	949	*dollars*	*2012-2016*	1
1.50	1.50	Renters Spending 30% or More of Household Income on Rent				50.2	46.4			50.5	47.3	*percent*	*2012-2016*	1
1.85		Food Insecure Children Likely Ineligible for Assistance	Y	Y	Y	24	41			41	34.1	*percent*	*2015*	5
1.65		Low-Income Persons who are SNAP Participants				43.1	30.7					*percent*	*2007*	21
1.50		Low-Income Preschool Obesity	Y	Y	Y	12.6	13.2					*percent*	*2009-2011*	21
1.68		Median Monthly Owner Costs for Households without a Mortgage				510	541			586	462	*dollars*	*2012-2016*	1
1.70		SNAP Certified Stores				1.5	0.7					*stores/ 1,000 population*	*2016*	21
1.37	1.82	**Topic Score: Economy (n = 28)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	EDUCATION	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.38	High School Graduation		Y	Y	70.7	89.2	87	95	87.6	84.1	*percent*	*2016*	13
	1.95	4th Grade Students Proficient in Math			Y	53.1	87.6			80.6		*percent*	*2014*	13
	1.95	4th Grade Students Proficient in Reading			Y	67.6	88.6			86.3		*percent*	*2014*	13
1.65	1.95	8th Grade Students Proficient in Math			Y	28.4	55.9			58.7		*percent*	*2014*	13
1.50	1.95	8th Grade Students Proficient in Reading			Y	54.7	77.3			76.9		*percent*	*2014*	13
2.05	1.95	Student-to-Teacher Ratio		Y		16.1	16.1			15	17.7	*students/ teacher*	*2015-2016*	16
1.80	1.80	School Readiness at Kindergarten Entry		Y	Y	42	42		85.5	45		*percent*	*2015-2016*	13
	1.65	People 25+ with a High School Degree or Higher			Y	83.5	91			89.6	87	*percent*	*2012-2016*	1
1.35	1.88	**Topic Score: Education (n = 9)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	ENVIRONMENT	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.70	Food Environment Index	Y	Y	Y	5.9	8			8.2	7.3		*2017*	4
2.00	2.70	Liquor Store Density				40.7	20.5			20	10.5	*stores/ 100,000 population*	*2015*	20
1.65	2.50	Severe Housing Problems	Y	Y	Y	23.5	16.3			17.2	19	*percent*	*2009-2013*	4
	2.23	Blood Lead Levels in Children			Y	1.2	0.2		0.28	0.3	0.5	*percent*	*2015*	9
1.95	2.05	Fast Food Restaurant Density		Y		1.1	0.9					*restaurants/ 1,000 population*	*2014*	21
	1.60	PBT Released				42,707.10	194.4					*pounds*	*2016*	22
	1.60	Recognized Carcinogens Released into Air				46,616.70						*pounds*	*2016*	22
	1.50	Recreation and Fitness Facilities	Y	Y	Y	0.07	0.14					*facilities/ 1,000 population*	*2014*	21
1.80		Annual Ozone Air Quality				C	F					*grade*	*2013-2015*	2
2.18		Drinking Water Violations					50					*percent*	*FY 2013-14*	4
1.65		Farmers Market Density		Y		0.03	0.02					*markets/ 1,000 population*	*2016*	21
1.50		Grocery Store Density	Y	Y	Y	0.5	0.2					*stores/ 1,000 population*	*2014*	21
1.50		People 65+ with Low Access to a Grocery Store		Y		0.2	2.5					*percent*	*2015*	21
1.70		SNAP Certified Stores				1.5	0.7					*stores/ 1,000 population*	*2016*	21
1.47	1.52	**Topic Score: Environment (n = 19)**	Y	Y	Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

Note: (1) Grayed items = a score < 1.5
(2) If Indicator Score was < 1.5 in Baltimore City and Co. it is not shown
(3) Indicator Score Metrics can be shown in multiple topic areas

Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	ENVIRONMENTAL & OCCUPATIONAL HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.60	2.70	Asthma: Medicare Population				9.7	8			7.9	8.2	*percent*	*2015*	3
	2.23	Blood Lead Levels in Children			Y	1.2	0.2		0.28	0.3	0.5	*percent*	*2015*	9
	2.20	Age-Adjusted ER Rate due to Asthma				224.8	67.8		62.5	68.3		*ER visits/ 10,000 population*	*2014*	8
1.60	1.80	Adults with Asthma				17.5	14.3				14.3	*percent*	*2015*	7
	1.73	Adults with Current Asthma				11.1					8.8	*percent*	*2015*	2
1.40	2.00	**Topic Score: Environmental & Occupational Health (n = 5)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	EXERCISE, NUTRITION, & WEIGHT	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.70	Food Environment Index			Y	5.9	8			8.2	7.3		*2017*	4
	2.50	Food Insecurity Rate	Y	Y	Y	23.2	12			11.4	13.7	*percent*	*2015*	5
	2.35	Child Food Insecurity Rate		Y		23	16.6			16.3	19.3	*percent*	*2015*	5
2.18	2.28	Adults who are Obese	Y	Y	Y	33.7	32.9	30.5		28.9	29.8	*percent*	*2015*	7
1.50	2.15	Adolescents who are Obese	Y	Y	Y	17.1	12.4	16.1	10.7	11.5		*percent*	*2014*	8
1.95	2.05	Fast Food Restaurant Density			Y	1.1	0.9					*restaurants/ 1,000 population*	*2014*	21
1.83	1.83	Adults who are Overweight or Obese	Y	Y	Y	69.1	69			65	65.3	*percent*	*2015*	7
	1.68	Adults who are Sedentary				30.3		32.6			25.9	*percent*	*2015*	2
1.50	1.50	Adult Fruit and Vegetable Consumption		Y	Y	25.5	26.8			27.1		*percent*	*2010*	7
	1.50	Recreation and Fitness Facilities	Y	Y	Y	0.07	0.14					*facilities/ 1,000 population*	*2014*	21
1.65		Farmers Market Density				0.03	0.02					*markets/ 1,000 population*	*2016*	21
1.85		Food Insecure Children Likely Ineligible for Assistance		Y	Y	24	41			41	34.1	*percent*	*2015*	5
1.50		Grocery Store Density		Y	Y	0.5	0.2					*stores/ 1,000 population*	*2014*	21
1.65		Low-Income Persons who are SNAP Participants				43.1	30.7					*percent*	*2007*	21
1.50		Low-Income Preschool Obesity		Y	Y	12.6	13.2					*percent*	*2009-2011*	21
1.50		People 65+ with Low Access to a Grocery Store		Y		0.2	2.5					*percent*	*2015*	21
1.70		SNAP Certified Stores				1.5	0.7					*stores/ 1,000 population*	*2016*	21
1.46	1.48	**Topic Score: Exercise, Nutrition, & Weight (n = 23)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	HEART DISEASE & STROKE	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
2.48	2.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)			Y	52.5	43.9	34.8		38.4	37.2	*deaths/ 100,000 population*	*2014-2016*	8
2.10	2.50	Stroke: Medicare Population	Y	Y	Y	5.1	4.7			4.5	4	*percent*	*2015*	3
1.50	2.40	Age-Adjusted ER Rate due to Hypertension				658.9	234.5		234	252.2		*ER Visits/ 100,000 population*	*2014*	8
2.08	2.23	Age-Adjusted Death Rate due to Heart Disease			Y	236.3	176.8		166.3	166.9	167	*deaths/ 100,000 population*	*2014-2016*	8
2.03	2.18	High Blood Pressure Prevalence	Y	Y	Y	37.6	35.4	26.9		33.1	30.9	*percent*	*2015*	7
1.80	2.00	Hypertension: Medicare Population	Y	Y	Y	62.2	61.1			59.2	55	*percent*	*2015*	3
	1.95	Heart Failure: Medicare Population		Y		15	13.2			12.4	13.5	*percent*	*2015*	3
	1.73	Adults who Experienced a Stroke			Y	4.2					3	*percent*	*2015*	2
	1.63	Cholesterol Test History				75.4		82.1			77	*percent*	*2015*	2
2.35		Atrial Fibrillation: Medicare Population				6.3	9			8	8.1	*percent*	*2015*	3
1.88		High Cholesterol Prevalence				33.4	38.5	13.5		35.9	36.3	*percent*	*2015*	7
1.85		Hyperlipidemia: Medicare Population				43.7	49.3			48.9	44.6	*percent*	*2015*	3
1.50		Ischemic Heart Disease: Medicare Population				25.5	27.5			26	26.5	*percent*	*2015*	3
1.89	1.70	**Topic Score: Heart Disease and Stroke (n = 11)**	Y	Y	Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

Note: (1) Grayed items = a score < 1.5
(2) If Indicator Score was < 1.5 in Baltimore City and Co. it is not shown
(3) Indicator Score Metrics can be shown in multiple topic areas

Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	IMMUNIZATIONS & INFECTIOUS DISEASES	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
2.10	2.25	Gonorrhea Incidence Rate		Y	Y	569.8	158.9			158.3		*cases/ 100,000 population*	*2016*	8
2.10	2.00	Chlamydia Incidence Rate		Y	Y	1192.1	503.9		431	509.6		*cases/ 100,000 population*	*2016*	8
	2.00	HIV Incidence Rate: Aged 13+		Y		53.7	19.8		26.7	22.1		*cases/ 100,000 population*	*2016*	8
2.05	1.95	Syphilis Incidence Rate		Y	Y	31.8	9.4			8.5		*cases/ 100,000 population*	*2016*	8
1.70	1.85	Age-Adjusted Death Rate due to Influenza and Pneumonia				20.8	17.4			16.1	14.6	*deaths/ 100,000 population*	*2014-2016*	8
1.68	1.78	Adults 65+ with Pneumonia Vaccination				67.8	70.2	90		69.8	70.3	*percent*	*2014*	7
1.68	1.73	Adults 65+ with Influenza Vaccination				60.4	61.8			62.1	60.8	*percent*	*2014*	7
	1.65	Salmonella Infection Incidence Rate				22.6	13.5	11.4		16.1		*cases/ 100,000 population*	*2015*	8
1.65		Adults with Influenza Vaccination				46.4	42.2	70	49.1	41.7		*percent*	*2014*	8
2.18		Tuberculosis Incidence Rate				2.1	3.4	1		2.9	3	*cases/ 100,000 population*	*2015*	8
1.77	1.76	Topic Score: Immunizations & Infectious Diseases (n = 10)		Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	MATERNAL, FETAL & INFANT HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
2.03	2.48	Babies with Low Birth Weight			Y	11.7	8.8	7.8	8	8.6	8.2	*percent*	*2016*	8
2.13	2.43	Sudden Unexpected Infant Death Rate			Y	2.1	1.1	0.84	0.86	1	0.9	*deaths/ 1,000 live births*	*2011-2015*	8
2.13	2.38	Mothers who Received Early Prenatal Care			Y	50.9	60.9	77.9	66.9	63	77.1	*percent*	*2016*	8
1.93	2.33	Babies with Very Low Birth Weight				2.4	1.8	1.4		1.7	1.4	*percent*	*2016*	8
	2.00	Infant Mortality Rate	Y		Y	8.8	5.9	6	6.3	6.7		*deaths/ 1,000 live births*	*2016*	8
	1.80	Teen Birth Rate: 15-19	Y	Y	Y	32.6	12.7		17.8	15.9		*live births/ 1,000 females aged 15-19*	*2016*	8
1.66	2.24	Topic Score: Maternal, Fetal, & Infant Health (n = 6)	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	MEN'S HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.50	Life Expectancy for Males		Y	Y	68.2	77.1			76.8	76.7	*years*	*2014*	6
2.20	2.30	Prostate Cancer Incidence Rate			Y	150.3	133.9			131.5	114.8	*cases/ 100,000 males*	*2010-2014*	15
	2.25	Age-Adjusted Death Rate due to Prostate Cancer			Y	32.9	17.6	21.8		20.3	20.1	*deaths/ 100,000 males*	*2010-2014*	15
1.20	2.35	Topic Score: Men's Health (n = 3)			Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	MENTAL HEALTH & MENTAL DISORDERS	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
2.40	2.40	Depression: Medicare Population	Y	Y	Y	18.1	17.8			15.4	16.7	*percent*	*2015*	3
	2.25	Frequent Mental Distress	Y	Y	Y	12.6	10.2			11	11	*percent*	*2015*	4
	2.20	Age-Adjusted ER Rate due to Mental Health				6782	2967.5		3152.6	3442.6		*ER Visits/ 100,000 population*	*2014*	8
1.50	1.95	Adequate Social and Emotional Support	Y	Y	Y	74.3	82.9			82.9		*percent*	*2010*	7
2.30	1.85	Alzheimer's Disease or Dementia: Medicare Population	Y	Y		10.3	11.2			10.1	9.9	*percent*	*2015*	3
	1.80	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias			Y	309.2	202.8		199.4	194.1		*hospitalizations/ 100,000 population*	*2014*	8
	1.73	Poor Mental Health: 14+ Days	Y			13.7					11.4	*percent*	*2015*	2
	1.60	Self-Reported Good Mental Health	Y			69.5	73.9			76.2		*percent*	*2015*	7
1.56	1.88	Topic Score: Mental Health & Mental Disorders (n = 8)	Y	Y	Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

Note: (1) Grayed items = a score < 1.5
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Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	MORTALITY DATA	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.80	Age-Adjusted Death Rate due to Cancer	Y	Y	Y	228	164.1	161.4	147.4	165.3	166.1	*deaths/ 100,000 population*	*2010-2014*	15
2.63	2.78	Age-Adjusted Death Rate due to Drug Use	Y	Y	Y	40.5	24.3	11.3	12.6	17.7	15.7	*deaths/ 100,000 population*	*2013-2015*	8
2.48	2.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Y	Y	Y	52.5	43.9	34.8		38.4	37.2	*deaths/ 100,000 population*	*2014-2016*	8
2.70	2.50	Death Rate due to Drug Poisoning		Y	Y	42.4	23.4			18.1	15	*deaths/ 100,000 population*	*2013-2015*	4
	2.45	Age-Adjusted Death Rate due to Breast Cancer			Y	29	22.5	20.7		22.8	21.2	*deaths/ 100,000 females*	*2010-2014*	15
	2.45	Age-Adjusted Death Rate due to Colorectal Cancer			Y	21.7	13.8	14.5		14.4	14.8	*deaths/ 100,000 population*	*2010-2014*	15
1.95	2.40	Age-Adjusted Death Rate due to Homicide	Y	Y	Y	39.1	7.9	5.5		9	5.6	*deaths/ 100,000 population*	*2014-2016*	8
2.35	2.35	Age-Adjusted Death Rate due to Falls				11	13.2	7.2	7.7	9.4	8.9	*deaths/ 100,000 population*	*2014-2016*	8
1.63	2.33	Age-Adjusted Death Rate due to Unintentional Injuries				42	34.3	36.4		30.5	43.2	*deaths/ 100,000 population*	*2014-2016*	8
	2.25	Age-Adjusted Death Rate due to Lung Cancer	Y	Y	Y	61.6	45.1	45.5		43.2	44.7	*deaths/ 100,000 population*	*2010-2014*	15
	2.25	Age-Adjusted Death Rate due to Prostate Cancer			Y	32.9	17.6	21.8		20.3	20.1	*deaths/ 100,000 males*	*2010-2014*	15
2.08	2.23	Age-Adjusted Death Rate due to Heart Disease	Y	Y	Y	236.3	176.8		166.3	166.9	167	*deaths/ 100,000 population*	*2014-2016*	8
1.88	2.08	Age-Adjusted Death Rate due to Diabetes	Y	Y	Y	29.8	19.6			19.2	21.1	*deaths/ 100,000 population*	*2014-2016*	8
	2.00	Infant Mortality Rate			Y	8.8	5.9	6	6.3	6.7		*deaths/ 1,000 live births*	*2016*	8
1.70	1.85	Age-Adjusted Death Rate due to Influenza and Pneumonia				20.8	17.4			16.1	14.6	*deaths/ 100,000 population*	*2014-2016*	8
1.55	2.14	**Topic Score: Mortality Data (n = 18)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	OLDER ADULTS & AGING	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.60	2.70	Asthma: Medicare Population				9.7	8			7.9	8.2	*percent*	*2015*	3
1.60	2.55	Diabetes: Medicare Population	Y	Y	Y	32.2	27.9			29.1	26.5	*percent*	*2015*	3
2.25	2.50	Chronic Kidney Disease: Medicare Population				21.7	19.5			18.2	18.1	*percent*	*2015*	3
2.10	2.50	Stroke: Medicare Population	Y	Y	Y	5.1	4.7			4.5	4	*percent*	*2015*	3
2.40	2.40	Depression: Medicare Population	Y	Y	Y	18.1	17.8			15.4	16.7	*percent*	*2015*	3
2.35	2.35	Age-Adjusted Death Rate due to Falls				11	13.2	7.2	7.7	9.4	8.9	*deaths/ 100,000 population*	*2014-2016*	8
	2.30	People 65+ Living Below Poverty Level			Y	16.8	7.2			7.7	9.3	*percent*	*2012-2016*	1
1.50	2.20	Diabetic Monitoring: Medicare Population				80.5	84.8			85	85.2	*percent*	*2014*	18
1.80	2.00	Hypertension: Medicare Population	Y	Y	Y	62.2	61.1			59.2	55	*percent*	*2015*	3
	1.95	Heart Failure: Medicare Population	Y	Y	Y	15	13.2			12.4	13.5	*percent*	*2015*	3
	1.90	COPD: Medicare Population	Y	Y	Y	11.9	10.8			9.9	11.2	*percent*	*2015*	3
2.30	1.85	Alzheimer's Disease or Dementia: Medicare Population				10.3	11.2			10.1	9.9	*percent*	*2015*	3
	1.80	Age-Adjusted Hospitalization Rate Related to Alzheimer's and Other Dementias				309.2	202.8		199.4	194.1		*hospitalizations/ 100,000 population*	*2014*	8
1.68	1.78	Adults 65+ with Pneumonia Vaccination				67.8	70.2	90		69.8	70.3	*percent*	*2014*	7
1.68	1.73	Adults 65+ with Influenza Vaccination				60.4	61.8			62.1	60.8	*percent*	*2014*	7
	1.73	Adults 65+ with Total Tooth Loss				20.1					14.9	*percent*	*2014*	2
2.10	1.70	Cancer: Medicare Population	Y	Y	Y	8.5	9.5			8.6	7.8	*percent*	*2015*	3
	1.58	Adults 65+ who Received Recommended Preventive Services: Males				29.1					32.3	*percent*	*2014*	2
	1.58	Adults with Arthritis				25.7					24.7	*percent*	*2015*	2
2.35		Atrial Fibrillation: Medicare Population				6.3	9			8	8.1	*percent*	*2015*	3
1.85		Hyperlipidemia: Medicare Population				43.7	49.3			48.9	44.6	*percent*	*2015*	3
1.50		Ischemic Heart Disease: Medicare Population				25.5	27.5			26	26.5	*percent*	*2015*	3
1.80		Osteoporosis: Medicare Population				4.4	6.2			5.7	6	*percent*	*2015*	3
1.50		People 65+ with Low Access to a Grocery Store		Y		0.2	2.5					*percent*	*2015*	21
1.80		Rheumatoid Arthritis or Osteoarthritis: Medicare Population				28.1	30.9			30	30	*percent*	*2015*	3
1.78	1.75	**Topic Score: Older Adults & Aging (n = 22)**	Y	Y	Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

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Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	ORAL HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.20	Age-Adjusted ER Visit Rate due to Dental Problems				2,315.10	752.6		792.8	779.7		*ER Visits/ 100,000 population*	*2014*	8
	2.00	Oral Cavity and Pharynx Cancer Incidence Rate				12.8	10.5			10.6	11.5	*cases/ 100,000 population*	*2010-2014*	15
	1.95	Adults with No Tooth Extractions				44.7	58.9			54.8		*percent*	*2015*	7
1.60	1.80	Children who Visited a Dentist				61.5	62.6		64.6	63.9		*percent*	*2016*	8
1.75	1.75	Adults who Visited a Dentist				66.9	68.5			72.1		*percent*	*2015*	7
	1.73	Adults 65+ with Total Tooth Loss				20.1					14.9	*percent*	*2014*	1
1.31	1.79	**Topic Score: Oral Health (n = 6)**												

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	OTHER CHRONIC DISEASES	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
2.25	2.50	Chronic Kidney Disease: Medicare Population			Y	21.7	19.5			18.2	18.1	*percent*	*2015*	3
	1.73	Adults with Kidney Disease				3					2.7	*Percent of adults*	*2015*	2
	1.58	Adults with Arthritis				25.7					24.7	*percent*	*2015*	2
1.80		Osteoporosis: Medicare Population				4.4	6.2			5.7	6	*percent*	*2015*	3
1.80		Rheumatoid Arthritis or Osteoarthritis: Medicare Population				28.1	30.9			30	30	*percent*	*2015*	3
1.95	1.48	**Topic Score: Other Chronic Diseases (n = 3)**		Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	PREVENTION & SAFETY	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
2.70	2.50	Death Rate due to Drug Poisoning	Y	Y	Y	42.4	23.4			18.1	15	*deaths/ 100,000 population*	*2013-2015*	4
1.65	2.50	Severe Housing Problems	Y	Y	Y	23.5	16.3			17.2	19	*percent*	*2009-2013*	4
2.35	2.35	Age-Adjusted Death Rate due to Falls				11	13.2	7.2	7.7	9.4	8.9	*deaths/ 100,000 population*	*2014-2016*	8
2.55	2.35	Pedestrian Injuries				142.5	52.6	20.3	35.6	47.1		*injuries/ 100,000 population*	*2015*	8
1.63	2.33	Age-Adjusted Death Rate due to Unintentional Injuries			Y	42	34.3	36.4		30.5	43.2	*deaths/ 100,000 population*	*2014-2016*	8
2.18	2.41	**Topic Score: Prevention & Safety (n = 5)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	PUBLIC SAFETY	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.95	2.40	Age-Adjusted Death Rate due to Homicide	Y	Y	Y	39.1	7.9	5.5		9	5.6	*deaths/ 100,000 population*	*2014-2016*	8
	2.05	Child Abuse Rate				19.9	5.4			7.3		*cases/ 1,000 children*	*2015*	10
2.20	2.10	Domestic Violence Offense Rate		Y	Y	678.5	848		445	508.4		*offenses/ 100,000 population*	*2015*	8
2.55	2.35	Pedestrian Injuries				142.5	52.6	20.3	35.6	47.1		*injuries/ 100,000 population*	*2015*	8
2.18	2.18	Violent Crime Rate	Y	Y	Y	1,558.10	544.5			471.3	373.7	*crimes/ 100,000 population*	*2015*	11
1.82	1.96	**Topic Score: Public Safety (n = 6)**	Y	Y	Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

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Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	RESPIRATORY DISEASES	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.60	2.70	Asthma: Medicare Population				9.7	8			7.9	8.2	*percent*	*2015*	3
	2.25	Age-Adjusted Death Rate due to Lung Cancer			Y	61.6	45.1	45.5		43.2	44.7	*deaths/ 100,000 population*	*2010-2014*	15
	2.20	Age-Adjusted ER Rate due to Asthma				224.8	67.8		62.5	68.3		*ER visits/ 10,000 population*	*2014*	8
	2.10	Lung and Bronchus Cancer Incidence Rate				80	65.7			58.1	61.2	*cases/ 100,000 population*	*2010-2014*	15
	1.90	COPD: Medicare Population	Y	Y	Y	11.9	10.8			9.9	11.2	*percent*	*2015*	3
1.70	1.85	Age-Adjusted Death Rate due to Influenza and Pneumonia				20.8	17.4			16.1	14.6	*deaths/ 100,000 population*	*2014-2016*	8
	1.80	Adults with Asthma				17.5	14.3				14.3	*percent*	*2015*	7
1.68	1.78	Adults 65+ with Pneumonia Vaccination				67.8	70.2	90		69.8	70.3	*percent*	*2014*	7
1.68	1.73	Adults 65+ with Influenza Vaccination				60.4	61.8			62.1	60.8	*percent*	*2014*	7
	1.73	Adults with COPD	Y	Y	Y	7.5					6.3	*Percent of adults*	*2015*	2
	1.73	Adults with Current Asthma				11.1					8.8	*percent*	*2015*	2
1.65		Adults with Influenza Vaccination				46.4	42.2	70	49.1	41.7		*percent*	*2014*	8
1.60		Children with Asthma				15.6	14.6			16.1		*percent*	*2013*	7
2.18		Tuberculosis Incidence Rate				2.1	3.4	1		2.9	3	*cases/ 100,000 population*	*2015*	8
1.51	1.79	Topic Score: Respiratory Diseases (n = 13)	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	SOCIAL ENVIRONMENT	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.65	2.70	Homeownership		Y	Y	38	61.1			59.8	55.9	*percent*	*2012-2016*	1
	2.30	Children Living Below Poverty Level			Y	33.3	12			13.3	21.2	*percent*	*2012-2016*	1
	2.30	People Living Below Poverty Level	Y	Y	Y	23.1	9.3			9.9	15.1	*percent*	*2012-2016*	1
1.70	2.30	Single-Parent Households	Y	Y	Y	64.3	34.6			34.2	33.6	*percent*	*2012-2016*	1
1.68	2.28	Median Housing Unit Value				153,000	246,900			290,400	184,700	*dollars*	*2012-2016*	1
	2.05	Child Abuse Rate				19.9	5.4			7.3		*cases/ 1,000 children*	*2015*	10
1.90	2.05	Mean Travel Time to Work				30.5	29.3			32.4	26.1	*minutes*	*2012-2016*	1
	1.95	Median Household Income		Y	Y	44,262	68,989			76,067	55,322	*dollars*	*2012-2016*	1
1.50	1.95	Population 16+ in Civilian Labor Force				61.7	66.4			67.6	63.1	*percent*	*2012-2016*	1
1.50	1.65	Female Population 16+ in Civilian Labor Force				60.4	62.1			63.8	58.3	*percent*	*2012-2016*	1
	1.65	People 25+ with a High School Degree or Higher		Y	Y	83.5	91			89.6	87	*percent*	*2012-2016*	1
	1.65	Per Capita Income				27,129	35,777			37,756	29,829	*dollars*	*2012-2016*	1
2.03	1.58	Median Household Gross Rent				974	1193			1264	949	*dollars*	*2012-2016*	1
	1.55	Voter Registration				80.5	84			83.6		*percent*	*2016*	12
1.68		Median Monthly Owner Costs for Households without a Mortgage				510	541			586	462	*dollars*	*2012-2016*	1
1.27	1.80	Topic Score: Social Environment (n = 19)	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	SUBSTANCE ABUSE	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.78	Adults who Smoke	Y	Y	Y	25.1	12.8	12	15.5	15.1	17.5	*percent*	*2015*	7
2.63	2.78	Age-Adjusted Death Rate due to Drug Use	Y	Y	Y	40.5	24.3	11.3	12.6	17.7	15.7	*deaths/ 100,000 population*	*2013-2015*	8
2.00	2.70	Liquor Store Density		Y	Y	40.7	20.5			20	10.5	*stores/ 100,000 population*	*2015*	20
2.70	2.50	Death Rate due to Drug Poisoning	Y	Y	Y	42.4	23.4			18.1	15	*deaths/ 100,000 population*	*2013-2015*	4
	2.40	Age-Adjusted ER Rate due to Alcohol/Substance Abuse	Y	Y		3,249.60	1,390.10		1,400.90	1,591.30		*ER visits/ 100,000 population*	*2014*	8
	1.75	Adolescents who Use Tobacco	Y	Y	Y	20	16.5	21	15.2	16.4		*percent*	*2014*	8
1.45	1.98	Topic Score: Substance Abuse (n = 9)	Y	Y	Y									

Note: (1) Grayed items = a score < 1.5
(2) If Indicator Score was < 1.5 in Baltimore City and Co. it is not shown
(3) Indicator Score Metrics can be shown in multiple topic areas

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

Appendix 5 – Community Health Indicators, Definitions & Sources

Health Community Analysis Indicator Scores: Baltimore County & City

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	TEEN & ADOLESCENT HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
1.50	2.15	Adolescents who are Obese	Y	Y	Y	17.1	12.4	16.1	10.7	11.5		*percent*	*2014*	8
1.55	1.80	Adolescents who have had a Routine Checkup: Medicaid Population				50.6	54.5		57.4	55.3		*percent*	*2016*	8
	1.80	Teen Birth Rate: 15-19			Y	32.6	12.7		17.8	15.9		*live births/ 1,000 females aged 15-19*	*2016*	8
	1.75	Adolescents who Use Tobacco	Y	Y	Y	20	16.5	21	13.2	16.4		*percent*	*2014*	8
1.16	1.66	**Topic Score: Teen & Adolescent Health (n = 5)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	TRANSPORTATION	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.10	Households without a Vehicle		Y	Y	29.4	8			9.2	9	*percent*	*2012-2016*	1
1.90	2.05	Mean Travel Time to Work				30.5	29.3			32.4	26.1	*minutes*	*2012-2016*	1
2.25	1.75	Solo Drivers with a Long Commute				39.9	45.4			48.1	34	*percent*	*2011-2015*	4
1.60		Workers who Drive Alone to Work				59.8	79.4			73.7	76.4	*percent*	*2012-2016*	1
1.58	1.27	**Topic Score: Transportation (n = 6)**		Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	WELLNESS & LIFESTYLE	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.50	Life Expectancy for Males			Y	68.2	77.1			76.8	76.7	*years*	*2014*	6
1.95	2.40	Insufficient Sleep				43.1	38.1			39	35	*percent*	*2014*	4
	2.25	Frequent Physical Distress		Y		12.4	9.2			11	11	*percent*	*2015*	4
	2.20	Life Expectancy for Females			Y	76	81.7			81.4	81.5	*years*	*2014*	6
1.80	1.95	Average Life Expectancy			Y	73.4	78.7		79.8	79.5		*years*	*2014-2016*	8
	1.73	Poor Physical Health: 14+ Days	Y	Y		13.4					12	*percent*	*2015*	2
1.80		Self-Reported Good Physical Health				77.9	76.1			76.4		*percent*	*2015*	7
1.40	1.95	**Topic Score: Wellness & Lifestyle (n = 7)**	Y	Y	Y									

SCORES		INDICATOR	TOPICS DISCUSSED (Y)			BENCHMARKS						UNITS	MEASUREMENT PERIOD	Source
Baltimore County	Baltimore City	WOMEN'S HEALTH	ELECTRONIC SURVEY	FOCUS GROUPS	BCHD ANALYSIS	BALTIMORE CITY	BALTIMORE COUNTY	HP2020	MARYLAND SHIP	MARYLAND	U.S.			
	2.55	Cervical Cancer Incidence Rate				10.1	6.8	7.3		6.5	7.5	*cases/ 100,000 females*	*2010-2014*	15
	2.45	Age-Adjusted Death Rate due to Breast Cancer			Y	29	22.5	20.7		22.8	21.2	*deaths/ 100,000 females*	*2010-2014*	15
	2.20	Life Expectancy for Females			Y	76	81.7			81.4	81.5	*years*	*2014*	6
1.58		Mammogram in Past 2 Years: 50+			Y	82.5	81.3			82	75.6	*percent*	*2014*	7
2.00		Breast Cancer Incidence Rate				126.5	135.4			131	123.5	*cases/ 100,000 females*	*2010-2014*	15
1.73		Pap Test in Past 3 Years: 21-65				83.9					81.8	*percent*	*2014*	2
1.48	1.75	**Topic Score: Women's Health (n = 6)**			Y									

Source: Conduent Healthy Communities Institute (2018). Data Scoring Tool.

Note: (1) Grayed items = a score < 1.5
(2) If Indicator Score was < 1.5 in Baltimore City and Co. it is not shown
(3) Indicator Score Metrics can be shown in multiple topic areas

Appendix 6 – Baltimore City Health Department Indicator Tables

2018 Baltimore City Health Department Analysis			
Demographics	**CBSA (City Only)**	**Baltimore City**	**Index**
Total Population	246,678	622,454	
30-Yr Population Growth Rate	13.7%	11.6%	1.18
% Female	54.0%	53.0%	1.02
% African American	77.0%	64.0%	1.20
% Age < 18 years	23.0%	21.0%	1.10
% Age 65+	12.0%	12.0%	1.00
Single Parent Households	75.0%	65.0%	1.15
English Language Spoken < Very Well	2.0%	3.0%	0.67

Table 9 - Demographic Profile of Saint Agnes CBSA vs Baltimore City

2018 Baltimore City Health Department Analysis			
Social Determinants of Health	**CBSA (City Only)**	**Baltimore City**	**Index**
Hardship Index	16-82	51	
Unemployment Rate	16.0%	13.0%	Varied
Family Poverty Rate	37.0%	29.0%	1.23
Kindergartners "Fully Ready"	59-94%	77.0%	1.28
Proficient-Advance Reading Level 3rd Grade	36-87%	55.0%	Varied
Proficient-Advance Reading Level 8th Grade	41-85%	55.0%	Varied
Chronic School Absenteeism (>20 days) Elementary	8-25%	15.0%	Varied
Chronic School Absenteeism (>20 days) Middle	7-28%	15.0%	Varied
Chronic School Absenteeism (>20 days) High	30-50%	39.0%	Varied
% High School Diploma or less	55.0%	47.0%	1.17
Vacant Building Density (per 10,000 Units)	880	562	1.57
Vacant Lot Density (10,000 Units)	864	647	1.34
Rate Service Request (per 10,000 HHs)	482	409	1.18
Liquour Stores (per 10,000 residents)	4	4	1.00
Tobacco Outlets (per 10,000 residents)	22	21	1.05
Food Desert	19.0%	13.0%	1.46
Carry Out/Fast Food Restaurants (10,000 residents)	13	14	0.93
Corner Stores (10,000 residents)	17	14	1.21
Green Space	34.0%	33.0%	1.03
Industrial Zone	31.0%	23.0%	1.35
Non-Fatal Shootings (per 10,000 residents)	10	7	1.43
Homicide Rate (per 10,000 residents)	5	4	1.25
Homicide Rate Age < 25 years (per 100K youth)	41	31	1.32

Table 10 - Social Determinants of Health CBSA vs Baltimore City

Appendix 6 – Baltimore City Health Department Indicator Tables

2018 Baltimore City Health Department Analysis			
Health Outcomes	**CBSA (City Only)**	**Baltimore City**	**Index**
Life Expectancy at Birth	71.8	73.6	0.98
All Cause Age Adjusted Mortality Rate	109.5	100	1.10
Top Causes of Mortality	CV Disease	CV Disease	Similar
	Cancer (Lung 1st)	Cancer (Lung 1st)	
	Stroke	Stroke	
	Drug/Alchohol	Drug/Alchohol	
Infant Mortality Rate (1,000 live births)	10	10	1.00
Teen Birth Rate Age 15-19 (per 1,000 females)	53	42	1.26
Incidence of Gonorrhea (per 10,000 residents)	70	56	1.25
Blood Lead Level Test Positive Age 0-6 years	1.0%	1.0%	1.00
Lead Paint Violations (per 10,000 HHs)	13	10	1.30
Hepatitis C Rate (per 10,000 residents)	46	35	1.31
Birth Rate (per 1,000 residents)	15	14	1.07
Receive Prenatal Care 1st Trimester	53.0%	55.0%	0.96
Smoking While Pregnant	14.0%	11.0%	1.27
Pre-term Births < 37 weeks gestation	14.0%	12.0%	1.17
Low Birth Weight Babies	13.0%	12.0%	1.08
Mother BMI >= 30	34.0%	31.0%	1.10

Table 11 - Health Outcomes CBSA versus Baltimore City